

Prestige Nursing Limited

Prestige Nursing – Plymouth

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

Prestige Nursing-Plymouth is a domiciliary care service that provides care and support to adults of all ages in their own homes. The service provides help with people's personal care needs in Plymouth and surrounding areas. The service supports some people who may require help with personal care needs at specific times of the day and/or night. At the time of the inspection 30 people were receiving support with personal care needs.

A registered manager was employed to manage the service locally. 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 they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The recruitment process of new staff was robust. People and staff were matched carefully and people could meet staff before they started receiving care from them.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "They're brilliant. They're the best ones we've had."

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA). No-one supported by the service currently lacked mental capacity but staff had received training and were clear what actions to take if they suspected someone was no longer able to make decisions for themselves.

There was a positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about 'personalised care' and 'respecting people's choices' and had a clear aim about improving people's lives and opportunities.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and any changes or concerns were dealt with swiftly and efficiently.

Feedback received by the service and outcomes from audits were used to aid learning and drive

improvement across the service. The manager and staff monitored the quality of the service regularly by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. Comments included, "They're very approachable and will go out of their way to help."

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 using the service.

People were kept safe by staff who had a good understanding of how to recognise and report signs of abuse and knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Recruitment practices were robust and people received support from the right number of staff to keep them safe.

Is the service effective?

Good ●

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident requesting training or advice that would help improve their practice.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

People were treated with dignity and respect and staff were caring, kind and treated.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

Good ●

Prestige Nursing – Plymouth

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 2 September 2016 and was announced. The provider was given notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with one person and two relatives. We reviewed five people's records in detail. We also spoke with four staff and reviewed four personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Prior to the inspection we sought the views of two health care professionals, who know the service well. These were a long term conditions nurse and a long term conditions matron. Following the inspection we spoke with two people who use the service and two relatives of people who use the service.

Is the service safe?

Our findings

People felt safe and felt comfortable raising any concerns with staff. Everyone we spoke with told us staff and the registered manager would address any concerns they had about their safety.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training and the PIR stated there was an open door policy in place at the office to help ensure staff felt confident discussing any concerns. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People's safety was promoted by a registered manager and staff who understood how to help people feel safe at home. The PIR explained people were always asked if they would like staff to refer them for a home safety check by the fire service to help ensure they were as safe as possible. The registered manager also explained that people were sent details of any local safety concerns or scams so they could keep themselves safe from these risks.

People and their relatives confirmed staff followed agreed arrangements for staff entering their home and any specific arrangements for ensuring the safety of the individual, their property and belongings. A staff member told us, "I always knock, even if I let myself in. I call out to let them know who it is." Staff ensured people were safe before leaving the house.

People were supported by suitable staff. Effective recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. The PIR stated the recruitment process was in the process of being developed to enable recruitment to be more responsive to people's needs which would ultimately have a positive effect on people.

There were sufficient numbers of staff available to keep people safe. People confirmed the correct number of staff always attended calls and for the allocated time. For example, if two members of staff were needed to support someone to move, two always attended.

People received care, as much as possible from the same care worker or team of care workers. Rotas were well organised and people were informed who would be supporting them and any changes were communicated as soon as possible. A healthcare professional told us this was a particular priority for people who experienced anxiety if visited by too many different staff. A relative also explained, "[...] likes the regularity of the girls we get. He knows them and they're like part of the family; and they let us know of any changes well in advance." A staff member explained, "They're very good at trying to keep staff consistent."

Staff were specifically matched to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs. A healthcare professional explained they had observed staff were also matched well to the personalities of each individual, which helped people and staff

build a strong rapport. As part of the matching process, people were able to meet new staff before they received care from them. This helped ensure they were comfortable with the staff member supporting them. A relative confirmed, "They said we could give it a go and if we didn't get on with the first staff member we could try another." Staff views were also sought on whether they felt confident to support the person. This was particularly important for people who could sometimes challenge staff with their behaviour; and was supported by a trial period for both parties to decide if they were happy.

The computer system used by the service alerted staff in the office if no staff had attended someone's allocated call. This helped ensure calls were not missed. People confirmed they did not have missed calls, staff were rarely late and any delay to staff arriving was communicated to them. People and staff had telephone numbers for the service so they could ring during office hours and in the evening and weekends if needed. One person confirmed, "I can always contact the office whatever day it is, if I need anything."

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. The risk assessment included the level of risk as well as action needed to minimise the risk, where possible. A professional told us they had been asked to check risk assessments for a person whose care they were involved with, and felt they were extremely good.

People were supported by staff who had an in depth understanding of risks relating to their needs and how to act to keep them as safe as possible. A relative told us staff had quickly learnt to recognise signs indicating their loved one may become unwell. When they were unwell, they could easily injure themselves if they didn't receive the correct support. They explained staff acted swiftly to ensure the person received the appropriate support to keep them safe. This had given relatives the confidence to go out of the house alone, (something they had not done for many years), as they trusted the staff to make sure their family member was safe.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines; and staff who administered medicines had received training which was updated annually.

People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. However, when medicines were to be taken, as required, there was no specific information for staff about what this meant, for example, whether people could tell them they needed it or whether they needed to look for certain signs that the person needed it. Staff administered creams for some people, but people's care plans did not include guidance for staff about where the cream was to be used and how much. The registered manager told us they would make sure this information was put in place as soon as possible. Where necessary records were kept in the person's home of any medicines administered. These were checked regularly by staff and management to ensure they were correct and well maintained. When people had medicines which required staff to follow instructions that were specific to the individual, they followed care plans provided by health professionals and, where possible, attended training provided by the healthcare professionals to help ensure they understood people's individual needs.

Is the service effective?

Our findings

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "I think they're fantastic. They make my life so much easier", "They're brilliant. They're the best ones we've had" and "The staff are wonderful. They will do anything for me. They're so caring and friendly."

New members of staff completed a thorough induction programme. This included being taken through the service's values, policies and procedures and included training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff also completed the new care certificate (A nationally recognised training course for staff new to care), as part of their induction.

On-going training was planned to support staffs' continued learning and was updated when required. One staff member told us, "I've had loads of training. Everything we need for what we're doing." Staff completed core training required by the service as well as specific training to meet people's individual needs, such as dementia training and supporting people who may challenge others. A staff member told us, "They do bespoke training according to specific client's needs. If they don't deem me competent, I have to do more training until they're satisfied." The PIR explained staff were then offered further opportunities to develop their skills and knowledge through both national qualifications and local training opportunities. Where possible, staff members who took advantage of further training opportunities were used by the service to support and develop staff skills. For example, a staff member was in the process of becoming a dementia champion and another staff member told us they were becoming a 'complex care lead'. They explained, "I'm going to be trained in complex care as I'm really interested in it. I'll be able to spot things and report back and provide a higher level of care for people."

Staff received regular supervisions. These mainly consisted of thorough competency assessments of their work. These could then be followed up with a one to one supervision meeting, if required. A staff member told us, "They come out to wherever we're working. They ask the client first and then observe everything we do. We get to read the report they make and sign it. If there's anything I want to discuss in the meantime, I just phone up."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. No-one supported by the service was assessed as lacking capacity but the registered manager and staff had attended training and would recognise if someone needed a mental capacity assessment.

People told us the staff always involved them in their care and asked for their consent before providing support. A healthcare professional told us, where people had difficulty communicating their choices, staff

used personalised communication skills to understand what the person wanted and then recorded the decision and the process in detail. People had been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan. The PIR explained that part of this process was ensuring people fully understood what consent was.

An emphasis was put on supporting people to eat and drink enough to maintain their health, records were kept where necessary and concerns about people's weight were highlighted and referred to a healthcare professional if necessary. The PIR stated that call times also took into account people's preferred meal times so people had the right support at the right time to help ensure their dietary needs were met.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. Healthcare professionals told us staff reported concerns in a timely way and always recorded and communicated enough detail about people to help ensure they received the correct treatment. They told us one person they worked with requested staff were present when they saw a health professional, so they could help explain the concern and record any advice given. A relative explained, "We make appointments for [...] but the staff are very good at highlighting any concerns."

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. A relative commented, "If [...] is asleep, they'll ask what else needs doing. They definitely go above and beyond. I was exhausted one day and fell asleep. When I awoke the staff member had done the ironing and put a stew on for tea. All whilst making sure [...] was ok." Staff spoke about people with fondness and respect. One staff member described a person they supported as, "An absolute inspiration."

Staff respected people's privacy and dignity and were aware of confidentiality when visiting people in their home. The PIR stated, "Dignity and respect is at the forefront of all plans of care and in particular personal care routines." A staff member explained, "You always try to treat people how you'd want your relatives to be treated; and that's with high regard. When I'm providing personal care, I look at it as how I would feel if it was me." A relative told us staff were particularly good at providing dignity to someone who became ill sometimes. They told us, "If [...] needs changing, it doesn't faze the staff member. There's no fuss. It's done nicely and efficiently." Another person told us, "Absolutely, 100% they respect my dignity."

People told us staff were respectful of their home. Staff members told us, "I'm polite and I listen to people. I let them guide me, for example regarding what they want me to call them or how they like things done. I'm really careful when I'm cleaning or moving their belongings" and "You don't assume things. You would always ask before doing anything. One man likes a very tidy home so all staff support him to keep it that way."

People told us staff knew them well. Staff were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. One person told us, "How my day goes depends on how it starts. They get it right and it makes my day so much better;" and a relative commented, "The staff member who comes is so attuned to what [...] needs. We don't have to tell her, she just picks it up." A healthcare professional told us they visited a person who had limited verbal communication skills and the in depth knowledge staff had of the person helped them get their needs met. They told us staff were able to anticipate the person's wants or needs depending on their mood and wellbeing.

Staff showed concern for people's wellbeing in a meaningful way. A healthcare professional told us that when staff were concerned something may be wrong with one person who could not easily communicate their needs, staff carefully went through a list of possibilities until they found the correct option. This helped ensure the person's needs were met effectively and promptly. A relative explained, "[...] has memory problems too but the staff member is quite happy having the same conversation several times, which makes him happy." A healthcare professional we spoke with told us staff were always upbeat and supportive and had positive interactions with people.

Staff were very motivated and clearly compassionate about making a difference to people's lives. A relative explained how their life and that of their loved one's had been changed since they received support from Prestige Nursing staff. They told us, "The staff member helps [...] do things like baking with our

grandchildren. It's the little things like that, that you really appreciate. They also attended a family wedding with me so they could support [...] and I could enjoy it too." A healthcare professional observed staff had a comfortable relationship with people. They told us this was essential as some people had several calls a day; but added that staff were always respectful and maintained their professionalism throughout.

Staff used different forms of communication to encourage people to make decisions. For example, one person could not use verbal communication all the time but communicated by squeezing staff's hands. A healthcare professional told us staff had learned to ask the right sort of questions to make this way of communicating effective for the person.

People told us how the service had helped to improve their lives by promoting their independence. A staff member told us, "I follow their lead. For example, if they want to go shopping or out into the garden, I offer support rather than assuming they need it." Care plans detailed what a person could do for themselves and what they needed support with. A healthcare professional told us they had given specific guidelines to staff when supporting one person in order to increase their independence. They confirmed the staff had followed these guidelines and the person had now improved.

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. Two staff members had attended specific training to become end of life champions so they could advise on this process. The service had also achieved accreditation from a local hospice for the quality of end of life care they offered.

Is the service responsive?

Our findings

People received care and support which was responsive to their needs and wishes. A healthcare professional confirmed staff provided care in a personalised way.

People were involved in planning their own care and making decisions about how their needs were met. Where appropriate, loved ones and advocates were also involved to support the person. Care plans included people's specific wishes about how they chose, preferred and needed to be supported. They also included information about anything the person wanted to achieve and how they would do this. One staff member confirmed, "It's all in the care plan. Generally they're very detailed." The registered manager told us where people liked to write or update their care plan themselves, this was respected. As part of one person's complex care plan, the person had provided a list of important things staff must remember when supporting them. This was particularly important for maintaining their health and wellbeing and was followed by staff.

Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people. One staff member told us, "A client's care completely changed recently after an accident so all the care plans and risk assessments changed." The PIR stated during reviews, people were also encouraged to discuss any changes they may want to make.

The service was flexible and responded to people's needs. People and their relatives told us staff were flexible and would often provide support in addition to the set arrangements; for example, if they needed support to attend an appointment. One person told us, "There are often a lot of changes to my weekly routine which means changing my call times, but it's never a problem for the staff who support me or the staff in the office."

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted. The PIR stated that staff supported people to take part in activities that reflected their interests where possible, or information was provided to people about activities they could do in the community. A relative told us their family member liked to be out as much as possible and confirmed staff regularly took them to visit their favourite places.

People and their relatives said they would not hesitate in speaking to staff if they had any concerns. The PIR described how staff and the registered manager worked to resolve any potential problems before they became a concern or a complaint. People knew how to make a formal complaint if they needed to but confirmed issues were resolved informally. Comments included, "If I have got a problem, they try and solve it" and "If ever I have a problem, it's sorted."

The service had a policy and procedure in place for dealing with any concerns or complaints. The PIR stated, "Clients receive full responses to any complaints or concerns raised and plans are put in place to ensure the risk of repeat occurrence are reduced. We also check for themes in complaints and look at ways we can improve the service as a result."

Is the service well-led?

Our findings

People, visitors and staff all described the management as approachable, open and supportive. Comments from relatives included, "They are brilliant. I couldn't say enough about how good they are", "They're very approachable and will go out of their way to help" and "I think they do extremely well. Everything's hunky-dory!" Staff comments included, "The team here do actually genuinely care for us and the clients" and "The manager is very approachable and is the best boss I've ever had in care."

Staff were positive about how the service was run telling us, "I love it. They're a really good company to work for. They're kind and considerate and have a really high level of what they expect of the staff" and "To me, it's one of the best care companies." The people and professionals we spoke with all told us they didn't feel there was anything that could be improved about the service. Comments included, "I can't think of one thing they could do better."

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service and knew people and staff well. They were supported by other senior staff who had designated responsibilities. People told us they knew who to speak to in the office and had confidence in the management and staff team.

Health care professionals confirmed the management were responsive and worked well with them to help ensure people's needs were met. They told us the service worked in partnership with them, followed advice and provided good support. They also explained they trusted the staff and registered manager to contact them if there were any concerns so did not feel they needed to regularly contact the person to check everything was ok.

Staff received regular support and advice from managers via phone calls and one to one observations. Staff also had the option to book a meeting with one of the senior staff team at any time. Staff told us they regularly contacted the office if they had any concerns or needed advice. One staff member confirmed, "If I have a problem, I can just call and they get it sorted." One staff member told us, "I feel very supported. If we have a bad day, we can call the office and they'll listen. I found one call very difficult and the registered manager offered to take me off that call, if I wanted." A branch newsletter, social media and emails were used as regular means of communication to keep staff up to date with any changes.

There was a positive culture within the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about personalised care and promoting choice and independence and had a clear aim about improving people's lives and opportunities. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The service inspired staff to provide a quality service and rewarded staff who did this. Awards were given to staff for going beyond their role and responsibilities, for example staff who received outstanding feedback or

staff who were flexible in helping out colleagues or covering extra shifts regularly. The registered manager told us it was important that these things were recognised and not taken for granted. In order to thank all staff for their work, they had also held a day at the office where all staff were invited to share cakes made for them by the office staff and registered manager.

The service had good links with the local community organisations. These were used to gain knowledge to improve the service being provided to people; but also to share expertise and knowledge to benefit the local community. For example, the registered manager and staff were involved in helping to make the local community dementia friendly and staff had been encouraged to become dementia champions. The service had also recently received an award for innovation and good practice in health and wellbeing from the local council.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable, included them in discussions about their care and acted on any changes requested.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out by the registered manager, senior staff and the regional manager on all aspects of the service for example, medicines records, care plans and call times. Areas of concern were identified and changes made so that quality of care was not compromised.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.