

Prestige Nursing Limited

# Prestige Nursing Ltd

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 28 November 2016. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. Our last inspection was carried out in August 2013 and at that time the provider was meeting the regulations we inspected. There were 59 people in receipt of personal care support at the time of this inspection visit.

There was no registered manager in post at the time of this inspection. 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. The provider was in the process of advertising for a new manager and had implemented interim support arrangements.

People received their calls as agreed because there was enough staff available to them. However some people did not receive care from a consistent staff team which they told us they would prefer, to ensure the staff understood their routines and preferences. Some staff said they did not know enough about people's needs before they visited them for the first time.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work with them. Medicines were managed safely and people were supported to take their medicine when needed.

People were supported by staff that had received the training they needed to support them. Staff felt supported by the management team and received supervision to monitor their conduct and support their professional development. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People's needs were assessed and care plans were developed with people, which directed staff on how to support them in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to access healthcare services.

People knew how to complain and we saw when complaints were made these were responded to in line with the policy. Staff felt listened to and supported. People knew who the manager was and felt the service was well managed. The provider sought the opinions from people who used the service to bring about changes.

Quality monitoring checks were completed by the provider and when needed action was taken to make improvements. The provider understood their responsibilities around their registration with us.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm or abuse. Staff had received training to support their knowledge and understanding and were aware of the procedure to follow and report concerns. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans. People were supported to take their medicines. There were sufficient staff to support people and checks on the staff employed were carried out.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that were skilled and equipped to fulfil their role, because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 and sought people's consent when providing support. People were supported to eat and drink enough and staff monitored people's health to ensure any changing health needs were met.

### Is the service caring?

Good ●

The service was caring

Staff supported people in a caring and respectful way and encouraged them to maintain their independence. People were involved in the way their care was provided and their dignity and privacy was respected.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

The care plans in place were tailored to meet people's needs and preferences; however staff were not always aware of this

information when supporting a person for the first time. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to drive improvements. The staff were given guidance and support by the management team and understood their roles and responsibilities. Systems were in place to monitor the quality of the service provided.

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## 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 visit took place on 28 November 2016 and was announced. The provider was given three days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people and their relatives as part of this inspection. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority who confirmed they did not have a contract with this agency. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took all of this information in to account when we made the judgements in this report.

We spoke with seven people who used the service and two people's relatives by telephone. We spoke with three members of care staff, one care coordinator, and the regional manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person said, "They are all very good to me. Anything I ask them, they will do and with a smile." Another person told us, "I feel very safe with the staff, they are all lovely." Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. One member of staff told us, "If I have any concerns I tell the manager or one of the coordinators. I did have some recently and was asked to complete a form, which went to the management team and was sent to the safeguarding team at the local authority." Another member of staff told us, "We have a staff handbook and have access to all the policies, so we all know about reporting any safeguarding or concerns. I know we can go to the local authority directly but I have never had to do that." This demonstrated that the staff knew the procedure to follow to protect people, if they identified any concerns or if any information of concern was disclosed to them.

Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "We have annual updates, so we are kept up to date with current procedures and there is a test at the end to make sure you have understood." Another member of staff told us, "Safeguarding and whistleblowing is covered in induction as well." Whistle blowing is the process for staff to raise concerns about poor practices. Staff we spoke with told us they would report any concerns and were aware they could contact us or the local authority safeguarding team.

The staff ensured people's safety was maintained when they supported them. One person told us, "The staff help me get in and out of the shower, I couldn't shower without them it wouldn't be safe." Another person told us, "I use a frame to walk with and the staff always remind me to use it so that I don't fall, they are very good." We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people. Such as on the equipment needed to support people to move safely. We saw that checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

The staff ensured people's safety was maintained before they left them. Support plans instructed staff to ensure that life lines were on and accessible for people so they could summon help in an emergency situation. People confirmed that this was done. One person told us, "The staff always make sure I have my life line on before they leave, so if anything happens I can call for help." We saw environmental risks assessments were undertaken within people's homes to ensure staff were able to support them safely. The provider information return stated that people were offered the choice to be referred for a free home safety check which is provided by the Fire service.

We saw that the support provided was dependent on the level of support each person required. All of the people we spoke with and their relatives confirmed staff were available to support them as agreed and told us that staff arrived on time for their visit. One person told us, "On the whole the staff arrive on time; sometimes they are a few minutes late if they get stuck in the traffic but that's not a problem." Another

person said, "The staff stick to the agreed time and stay for the whole half an hour. When they arrive they have to ring in and ring out when they leave." People confirmed that if staff were running late they were contacted to let them know.

Staff had access to support. A member of staff said "We can ring the office if we need to in the week. In the evenings and at weekends there is an on call we can ring if we need any support." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "I have got the office number and when I ring the staff are always friendly and very helpful."

The provider checked staff's suitability to work with people. Staff told us they were unable to start work until all of the required checks had been done. One member of staff told us, "It took a while for all my checks to come back, but I couldn't start until they were all in place." We looked at the recruitment checks in place for four staff. We saw that all the required documentation had been received before they started to work with people; this included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions. We saw that the provider asked staff to renew their DBS on an annual basis. This showed us that the provider had a system in place to continuously monitor the suitability of the staff employed.

People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "The office has just changed the times of my visits to meet my needs as I need support with my tablets. The staff get them ready for me and give them to me with a drink, just how I like it." A relative told us about the health needs of their relative and how staff had been trained to support them with their emergency medicines when needed. They told us, "I have every confidence in them, they go through an induction and then the nurse who visits my relative signs them off as competent. All of the staff that come to us know what they're doing. They have to know as it's really important that they get it right." A member of staff who supported this person told us, "All of the staff that work with [Name] are given the training first, as their health needs are quite complex, so at any moment they may need their medication and you have to be prepared and competent to manage this." We saw this was monitored by the management team. This showed us the staff received the training they needed to manage people's medicines safely.

We saw that medicine administration sheets were completed by staff following administration. The level of support a person needed to take their medicine was recorded. This varied from prompting a person to take their medicine to administering medicine. We saw that information regarding people's medicines was recorded in their care plan. This provided information to staff on the level of support the person needed and enabled the staff to support people in a safe way to take their medicines.

## Is the service effective?

### Our findings

Staff had the necessary skills and training to meet people's needs. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "The staff know what they're doing, it's as if I had cherry picked them myself, they couldn't be any better." A relative told us, "I am always here as the staff support me in caring for my relative. They know what they're doing, they are all very competent."

Staff told us they received the training they needed to support people. One member of staff said, "There is a lot of training which includes the mandatory things and then training specific to the needs of people we support." Another member of staff told us, "After the training there is a test to check we have understood what we've been taught." This showed us that the staff's competency was assessed to ensure they were able to undertake their job effectively.

Staff told us their induction included attending training, shadowing experienced staff and reading care plans. One member of staff told us about their induction and said, "I worked with experienced staff for about a week and also had a lot of training, so I felt equipped for the job before I worked on my own." This meant staff were enabled to support people and understand their role.

Staff told us they received observational supervision on a regular basis. We saw evidence that staff received supervision every three months and had an annual appraisal to identify their future training and development 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and understood their responsibilities for supporting people to make their own decisions. Staff knew about people's individual capacity to make decisions and told us they obtained people's consent before they supported them. The training records showed that staff had undertaken training in relation to the MCA. The care plans we looked at had been signed by people to demonstrate their consent to the support they received.

People confirmed that staff explained what they were doing and sought their consent before they provided them with personal care. One person said, "The staff always ask me first, they never just assume." Another person told us, "They always check with me that I am happy for them to help me." This demonstrated that



staff provided support in people's preferred way and with their consent.

Some people we spoke with were supported with meals and told us they were happy with how this was done. One person said, "The staff always ask me what I want and prepare it for me and they wash up the pots too, I am very happy with the way they do everything." Another person said, "They prepare my breakfast, dinner and tea for me and always with a smile. I choose what I want and they do it."

Where people were supported with food and drink this was recorded as part of their plan of care. One person said, "The staff write down everything I eat." People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that where people had been identified at nutritional risk, staff monitored what they ate and drank. This enabled the staff to alert the person's family or seek professional guidance as needed.

People's health needs were identified in their care plans and daily records demonstrated that staff monitored this to ensure that appropriate medical intervention could be sought as needed. Some people had complex health needs and we saw staff had been trained to support them in an emergency situation.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. One person said, "All of the staff that come to me are lovely, I couldn't ask for better and the staff at the office are very friendly when I ring and very helpful." Another person said, "They speak to me nicely and always ask me how I am, I am very happy with them."

People told us that staff supported and encouraged them to maintain their independence. One person said, "They know what I need help with and the things I can manage myself." Another person said, "The staff always ask me if I can manage but they don't take over unless I need them to so they do encourage me to do as much as I can myself."

People told us that staff supported them to maintain their dignity and privacy. One person said, "I just need a bit of support getting in and out of the shower but I can wash myself and they leave me to do that in private which I like." Another person said, "They are ever so gentle when they wash me and make sure I am covered up as much as possible."

Care records showed that people had been involved in their care and their views had been gained about what was working and if any changes were needed. For example one person had said they were very happy with the support they received and no changes were needed. Another person told us that due to the changes in their needs they had requested an additional visit and this had been provided.

## Is the service responsive?

### Our findings

Staff supported people with a variety of tasks, from personal care support, preparing meals, taking their medicine and domestic chores. Most people had a group of regular staff who they knew well. However some people told us there were regular occasions when staff they didn't know supported them. One person told us, "I have had a few new people and every time I tell them how I like things doing, then they don't come back and I get another new person and have to go through it all over again. It is a bit frustrating." Another person told us, "Everyone is nice that comes to me but it would be good if I had the same people regularly, so I don't have to keep telling them how I like things done." Staff told us the information they had when supporting a person for the first time was limited. One member of staff said, "I do look in the person's care plan when I arrive but it is difficult when you haven't met a person before and the care plans are very detailed." Another member of staff said, "It would be nice to have some information like a summary of the person's needs before the first visit. We are told if they have any allergies but that's all. A one page profile would be really helpful." We saw that people's care files provided detailed information to guide staff in the support a person needed. However a summary of this support was not provided to staff prior to their first visit.

We recommend the provider researches current guidance on best practice, to ensure when staff visit a person for the first time, they have sufficient information to provide a seamless service to them.

Two relatives of people with complex needs told us their family member received their support from regular care staff that knew them well and were trained to support them. One said, "If there is new staff they come with a more experienced one." The other relative told us, "The staff need specialist training, so there is just a small group trained to support [Name] so they all know what to do." People's care records contained specific details about them to provide the staff with an overall picture of the person, to support staff to get to know the person better.

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I have rang the office before and the staff are very helpful. I have never had the need to complain, but I am sure they would sort it for me if there was any problem." Another person said, "The office number is in the folder and they always answer when I ring. I would just ring the office if I had a complaint." A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw complaints received were recorded including the actions taken and outcome.

## Is the service well-led?

### Our findings

People told us that the office staff rang them sometimes to tell them when a staff member had been delayed. We saw that visits by care staff were monitored through an electronic care system. This system was in place to prevent any missed calls and to ensure all visits were allocated to an alternative care worker if their regular care worker was delayed. People confirmed that they had not had any missed calls and in general calls were undertaken within the agreed time frame. One person said, "I know there is a fifteen minute timeframe either side of my call time and they very rarely go over that." This showed us that people received their support at the agreed times.

The records showed that people's views were obtained, through telephone calls, home visits and satisfaction surveys. People were contacted after their initial 48 hours of commencement of the service and then visited within four weeks of the start of the service. Telephone calls were then undertaken every three months and quality monitoring visits every six months. People were asked if there were any areas they felt could be improved upon. We saw when people made suggestions these were acted upon. For example one person had said they felt additional training for their support staff was needed in a specific area and we saw that this was organised and provided in the same week.

The provider's information return stated that staff were rewarded for their hard work and thought of highly. We saw this was done through a 'member of the month award' that was awarded to staff and included a certificate and monetary reward.

We saw that bulletins from head office and memos were sent to staff by email or post. Team meetings were also held for staff to express their views. One member of staff told us, "There was a team meeting recently but I was unable to go but there will be minutes for me to read." This showed us that staff were kept up to date with any changes.

Staff told us that they felt supported by the management team and said that if they had concerns or questions they would contact the office. One member of staff said, "I enjoy working for Prestige, I haven't got any concerns and feel supported by managers in the office." Another member of staff said, "If I have any issues I ring the office, they are very supportive."

A management team and staffing structure were in place at the agency. There was no registered manager at the time of this inspection. The regional manager confirmed that the position had been advertised. They confirmed that until a new manager was appointed the care coordinators would be supported by the regional manager. Additionally, there were care coordinators and field care supervisors and care workers. Staff we spoke with were aware of the staffing structure and demonstrated that they understood their roles and responsibilities well.

The provider had measures in place to monitor the quality of the service and drive improvement. We saw that six monthly audits were undertaken to look at things such as people's care plans and risk assessments.

Audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. Accidents and incidents were recorded and reviewed by the provider's head office to look for any patterns or trends. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided. We saw that this system was used on an ongoing basis to monitor the service provided and take action as required to improve the service.

We saw assessments were undertaken at the office base to ensure the environment was safe for staff. This included risk assessments on all equipment used such as the training hoist, the computer system and monitors. Individual assessments had been completed for staff that used computers on a regular basis; this included two yearly eye tests.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.