

Prestige Nursing Limited

Prestige Nursing Sleaford

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 

Overall summary

This was an announced inspection carried out on 13 August 2015.

Prestige Nursing Sleaford provides care for people in their own homes. At the time of our inspection the service was providing care for 55 people most of whom were older people. The service covered Sleaford and surrounding villages. In addition to this provision, the service was an employment agency that provided care staff to work in care homes which were operated by other organisations.

There was manager who was applying to be registered with the Care Quality Commission. A registered manager is a person who has registered with us 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.

Summary of findings

There were separate teams of staff. We refer to the staff who provided care to people in their own homes as being 'domiciliary care workers'. The staff who were contracted to work in other organisations' services are referred to being 'agency staff'. When we refer to the staff working in both teams we refer to them as being 'staff'.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and abuse. People had been helped to avoid having accidents and medicines were managed safely. There were enough staff and background checks had been completed before new appointments had been made.

Staff had received the training and guidance they needed to provide people with the care they needed including helping them to eat and drink enough. People had been helped to receive all of the healthcare assistance they needed. Staff had ensured that people's rights were protected. This was because the Mental Capacity Act 2005 Code of Practice was followed when staff contributed to decisions that were made on their behalf.

People who received assistance at home were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People who received assistance at home had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their diversity. Staff had offered people the opportunity to maintain their independence and to pursue their interests.

The registered person and manager had completed regular quality checks. The service was run in an open and inclusive way that encouraged staff to contribute to its development. People who received assistance at home had been consulted about the service's development. In addition, people at home and those using other organisations' services had benefited from staff being involved in good practice initiatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff and background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were helped to eat and drink enough to stay well and had been assisted to receive all the medical attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about the care assistance they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to express their individuality and to make choices.

There was a system to resolve complaints.

Good



Is the service well-led?

The service was well-led.

The manager and registered person had regularly completed quality checks to help ensure that people reliably received appropriate and safe care.

Good



Summary of findings

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

The manager had promptly taken steps to apply to be registered with us and staff were well supported.

The service was accredited as providing a high standard of training and support for staff.

Prestige Nursing Sleaford

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 registered person was 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered person had sent us. In addition, we contacted local health and social care agencies who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs. We also spoke by telephone with 14 people who received assistance at home and with three of their relatives. In addition, we spoke by telephone with five domiciliary care workers and two agency staff.

On this occasion we did not speak with people who used other organisations' services in which agency staff worked.

This was because Prestige Nursing Sleaford was not principally responsible for how its staff were used on a day to day basis to contribute to the care provided at these locations.

We visited the administrative office of the service on 13 August 2015 and the inspection team consisted of a single inspector. The inspection was announced. This was because the manager was sometimes out of the office and we needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with two senior members of staff. One of them was responsible for organising the domiciliary care service and the other person ran the agency service. In addition we spoke with the manager. We examined records relating to how both parts of the service was run. These included four care plans for people who received assistance at home. These documents described the assistance each person wanted to receive and listed the care that had actually been delivered. We also examined records relating to visit times, staffing, training and health and safety.

Is the service safe?

Our findings

Records showed that staff had completed training and received guidance in how to keep people safe from situations in which they might experience abuse. Staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff knew how to contact external agencies such as the Care Quality Commission (CQC) and said they would do so if their concerns remained unresolved.

People who received assistance at home said that they felt safe when in the company of staff. A person said, “I have always found the staff who call to see me to be very helpful and genuinely nice.” Relatives were reassured that their family members were safe. One of them said, “I’ve absolutely no problems with the staff who call to see my family member. Sometimes I think that they prefer to see their care worker more than me.”

Domiciliary care workers had identified possible risks to each person’s safety and had taken action in conjunction with other health and social care professionals to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

In addition, staff had taken action to reduce the risk of people having accidents. For example, staff had helped to ensure that people had been provided with equipment to help prevent them having falls. This included people benefiting from having hoists so they could safely get out of

bed and sit in their chair. Documents showed that there was a system to analyse accidents and near misses. This is necessary so that steps can be taken to help prevent them from happening again.

There were reliable arrangements to provide people who received assistance at home to safely administer their medicines. Staff had received training and were correctly following written guidance so that people were helped to receive all of the medicines that had been prescribed for them.

Domiciliary care workers said that there were enough of them to reliably complete all of the visits that had been planned. People who received assistance at home told us that they usually received their visits on time and the records we examined showed this to be the case. A person said, “There will of course always be an occasion when my care worker is a bit late but that’s because the previous person has needed more help. Apart from that the staff are very punctual and I’m not quite sure how they manage it.”

We looked at the background checks that had been completed for two agency staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. Domiciliary care workers told us that similar background checks had also been completed for them. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed by the service.

Is the service effective?

Our findings

Staff had regularly met with a senior member of staff to review their work and to plan for their professional development. We saw that most staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to assist people who experienced reduced mobility or who needed extra help to eat and drink enough. The manager said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was to make sure that people had enough to drink. In addition, they knew what practical signs to look out for that might indicate someone was at risk of becoming dehydrated.

People who received assistance at home were confident that staff knew what they were doing, were reliable and had their best interests at heart. A person said, “The care workers who call to see me are lovely. My regular care worker knows me very well and she just knows what I want without having to ask.”

When necessary people who received assistance at home had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly.

People said and records confirmed that they had been supported to receive all of the healthcare services they

needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted in order to promote people’s good health. A relative said, “My family member’s care worker has contacted me on more than one occasion when they’ve been concerned and thought that we might need to arrange for a doctor to call.”

The manager and registered person were knowledgeable about the Mental Capacity Act 2005. This law is intended to ensure that staff provide people with the support they need to make important decisions for themselves. For example, these decisions could refer to the management of someone’s finances or significant medical treatment. We found that staff had worked together with relatives and other health and social care agencies to support people to make important decisions for themselves. In addition, they had consulted with people, explained information to them and sought their informed consent.

When a person is not able to make decisions for themselves the law establishes safeguards to ensure that decisions are made in their best interests. We noted that the manager and registered person had made the necessary arrangements and so could ensure that people’s best interests were promoted. For example, senior staff had raised concerns with healthcare professionals and relatives about a person who did not fully appreciate the benefits they could enjoy by not spending too much time in bed. This action had enabled everyone to agree a plan to encourage and support the person concerned to become more active.

Is the service caring?

Our findings

People who received assistance at home and their relatives were positive about the quality of care provided by domiciliary care workers. A person said, “I usually have the same care worker and she’s lovely. She’s caring like she’s family and I can’t fault her. I look forward to seeing her.” Another person said, “My care worker lives locally and we both know some of the same people in the area and we just have a good old chat.”

People said they were treated with respect and with kindness. A person said, “The care workers always ask if I need anything extra doing even if they won’t get paid for it.” Another person said, “My care worker will sometimes stay longer and before now she’s offered to pick up little bits of shopping for me although it’s not her job to do so.”

We noted that domiciliary care workers knew about things that were important to people. This included staff knowing which relatives were involved in a person’s care so that they could coordinate and complement each other’s contribution. They also gave people the time to express their wishes and respected the decisions they made. For example, we were told that one domiciliary care worker routinely reminded a person when their favourite television was due to be shown so they would not miss it.

Most people could express their wishes or had family and friends to support them. However, for other people the

service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Domiciliary care workers recognised the importance of not intruding into people’s private space. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people’s wishes while ensuring that people were safe and secure in their homes.

Staff had received training and guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. For example, staff said that they never used social media applications for these conversations because anyone would be able to access them.

Records that contained private information were stored securely in the service’s computer system. Staff could only access the system when they had an authorised and unique password.

Is the service responsive?

Our findings

Each person who received assistance at home had a written care plan. People said that they had been invited to meet with senior staff to review the care they received during each visit to make sure that it continued to meet their needs and wishes. A person said, "There's a senior lady who comes to see me from Prestige and she checks out that I'm doing okay and getting the care that I need." A relative said, "I like the way that the office staff keep in touch to see that I'm still happy with the care my family member receives."

People who received assistance at home said that they were provided with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, "I rely on my care worker to help me with quite a lot of things and it's reassuring to know that she'll be coming and that I'll be able to manage at home." We examined records of the tasks two different staff had undertaken during 15 visits completed during the two weeks before our inspection. We found that the people concerned had received all the care they needed as described in their care plans.

Staff were confident that they could support people who had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, a member of staff described how a person used gestures to indicate how they were feeling at a particular time. In addition, staff knew how to effectively support people who

could become distressed. For example, a member of staff described how they sang for a person choosing songs that referred to where they had grown up. The member of staff said that over time they had learnt that the person found reassurance in this activity.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, domiciliary care workers were aware that some people wanted to speak about their spiritual needs and share their commitment to attending religious services. We saw that the manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. For example, a person had been supported to write to a family member who did not live locally and who could no longer travel to see them.

People who received assistance at home had received a document that explained how they could make a complaint. The document included information about how quickly the manager and registered person aimed to address any issues brought to their attention.

The registered person had an internal management procedure that was intended to ensure that complaints could be resolved quickly and effectively. Records showed that in the year preceding our inspection the registered person had not received any formal complaints.

Is the service well-led?

Our findings

People who received assistance at home had been invited to give their views on the service by completing quality questionnaires. The results showed that people were satisfied with the service they received. A person said, “I have been with the service some time now and I have been asked what I think of the care. My answer is always the same which is that the care is very good indeed. No complaints.”

The registered persons had regularly completed quality checks to ensure that people reliably received the care they needed. These checks included examining the records that showed when visits had been completed and what assistance staff had provided. In addition, senior staff had completed regular ‘spot checks’ to ensure that staff were completing their duties in the correct way. This involved taking part in visits to people’s homes so that they could observe the way in which care was provided and recorded. In addition to this, senior staff received feedback about the performance of agency staff. They also visited the locations concerned to get first-hand information about how well the service’s staff were contributing to the provision of care.

The registered person operated a reporting system that required the manager to submit information twice a week to a ‘compliance team’ based at its head office. This team of staff was responsible for ensuring that each branch office reliably delivered the registered person’s domiciliary care and agency businesses. Documents showed that the information submitted included an account of important

events such as accidents, incorrect visit times and any issues related to the administration of people’s medicines. We noted that the manager was expected to provide a detailed analysis of any problems together with an explanation of what action had been taken to help prevent them from happening again.

During the evenings, nights and weekends there was always a senior member of staff on call. This was done so that staff could seek advice. Domiciliary care workers said that there was good team work in the service. There were regular team meetings and these provided an opportunity for staff to receive information from senior staff about how best to care for people who used the service. In addition to this, all staff received a regular newsletter from the manager which updated them about important developments such as new policies and procedures.

Staff knew about their responsibility to speak out if they had any concerns about the conduct of another member of staff. They had received training and written guidance about steps they could take to raise concerns both with the registered persons and with external bodies such as CQC.

The registered person had subscribed to a number of initiatives that enabled people who used the service to benefit from staff receiving good practice guidance. These initiatives included a nationally recognised scheme that is designed to promote good standards of professional practice. The scheme focuses on ensuring that staff receive comprehensive training which gives them the knowledge and skills they need in order to care for people in a responsive and respectful way.