Prestige Nursing Limited

Prestige Nursing Peterborough

Inspection report

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Date of inspection visit:
29 August 2017

Date of publication:
29 September 2017

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 Peterborough is registered to provide nursing, treatment for disease, disorder and injury, and personal care for people of all ages who live at in their own homes. The service is also registered as a nurses' agency. As such it can provide nurses to work in residential settings that are run by other registered persons. During this inspection Prestige Nursing Peterborough was supporting 19 people who lived in their own homes with the regulated activity of personal care.
This inspection was carried out on the 29 August 2017 and was an announced inspection. This was the first inspection of this service since its registration at this location in November 2016.

The service had a registered manager in post. However, they were not present during this inspection and had applied to deregister from this role with the Care Quality Commission (CQC). A registered manager from a nearby location was involved in the day-to-day running of the Peterborough location. They were also in the process of applying to the CQC to add the Peterborough location onto their current registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. At the time of this inspection no one using the service lacked mental capacity to make their own decisions. Staff were able to demonstrate a basic understanding of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff showed us their understanding of how to report any suspicions of poor care or incidents of suspected harm. Staff helped people in a way that supported their safety and people were looked after by staff in a caring manner.

Staff assisted and encouraged people to live as independent a life as possible and make their own choices. People's dignity was promoted by staff and staff treated people with respect.

People were looked after by enough, suitably qualified staff to support them with their individual care and support needs. Staff enjoyed their work and understood their roles and responsibilities in meeting people's requirements. They were trained to provide effective and safe care.

Staff were supported to maintain their knowledge and skills by way of supervision, appraisals and spot checks to review their competency. New staff members were only employed by the service, to look after people once all pre-employment checks had been completed and were found to be acceptable.

People's care arrangements took account of people's wishes, including any likes and dislikes and how they

wanted to be assisted. People's care plans and risk assessments recorded their individual assessed needs and any support they required from staff. Risks to people were identified, and plans were put into place by staff to monitor and minimise these risks, as far as possible, without restricting people's independence and choice.

People were supported to take their medicines as prescribed and medicines were safely managed by staff who were trained, and whose competency had been assessed.

Where this help was required, people were supported to eat and drink sufficient amounts of food and fluids. People's choice about what they wished to eat and drink was encouraged and respected by staff. Staff monitored people's health and well-being needs. They acted upon any issues identified and advice given by external health care professionals.

There was a process in place to manage any concerns and complaints received. Arrangements were in place to ensure the quality of the service provided for people was regularly monitored.

People and staff were encouraged to share their views and feedback about the quality of the care and support provided. Actions were taken as a result to move forward any improvements required.

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.

Staff were aware of their duty to report suspicions of poor care or harm.

People's support and care needs were met by sufficient numbers of staff who had been suitable trained.

Recruitment checks were in place to make sure that only staff that were suitable to provide care for people were employed.

Where required, peoples medicines were administered and managed as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and competencies to meet people's individual needs.

Staff had received training and understood the basic principles of the Mental Capacity Act 2005.

Staff followed any advice given by health care professionals to make sure people were supported to maintain their well-being.

People had enough to eat and drink and their dietary needs were met.

Is the service caring?

Good

The service was caring.

People's dignity, privacy and independence were respected.

People were involved and included in making decisions about how they wished to be cared for.

Staff treated people in a kind and caring manner.

Is the service responsive?

Good

The service was responsive.

People's care plans were up to date and sufficiently detailed.

People were involved in the assessment of their health and social care needs.

People received individualised support from staff who were responsive to their requirements.

There was a system in place to receive and manage people's compliments and complaints.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in post. The branch manager had applied to become the registered manager.

People and their relatives were able to contact the service and provide feedback on the quality of the service they received.

Audits were carried out as part of the on-going quality monitoring process to identify and make the necessary improvements.

Prestige Nursing Peterborough

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 the 29 August 2017 and was announced. This was so that staff would be available during the inspection. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is somebody who has had experience themselves or experience of a family member using this type of service.

Before the inspection, the provider 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 looked at this and other information we hold about the service. We also asked for information from representatives of the local authority contracts monitoring team, the local authority safeguarding team, and Healthwatch to aid us with planning this inspection.

During the inspection we spoke with four people who used the service and one relative of a person using the service by telephone. We also spoke with the branch manager; a field care supervisor and two care workers. We looked at three people's care records and records in relation to the management of the service; quality monitoring records; management of staff; management of people's medicines; compliments and complaints records; and four staff files.

Good

Is the service safe?

Our findings

People and a relative told us they/their family member felt safe using the service and when in the company of staff members. This was because of the support and care provided to them by a regular group of staff. They confirmed to us that they knew who to contact if they had any concerns. One relative told us, "Yes, [family member feels safe] as he's got regular carers [staff]." A person said when asked about the safety of the service provided, "I've no problems at all."

Staff told us that they had undertaken safeguarding training and records confirmed this. Staff were able to demonstrate to us that they knew how to recognise any signs of poor care or suspicions of harm. They talked through the steps they would take in reporting such incidents, internally, or to external agencies such as the Care Quality Commission (CQC), police or the local authority. One staff member told us, "I would raise a concern straight away to the branch manager, report it [my concerns] to them and then write a statement." Another staff member said, "I could raise [a concern] with the police or CQC. It is our duty to report any concerns, I have no worries about whistle-blowing." This demonstrated to us that staff knew the process in place to reduce the risk of poor care and harm occurring.

We saw evidence that an allegation of a potential safeguarding incident had been referred to the local authority safeguarding team. This had been done in a timely manner. The branch manager told us that there had been no other accidents or incidents experienced within the last twelve months. Records we looked at confirmed this.

People had individual care and support plans, and risk assessments in place in relation to their assessed needs. These included possible risks to the health and safety of each person who used the service. For example; people's prescribed medication, environmental risks and people being at risk of neglect of personal hygiene. Action, in consultation with external health and social care professionals, had then been taken into account to create these records and promote people's wellbeing. We saw that these documents gave guidance and information to staff to make sure the assessed individual risk was minimised. Staff were aware of these and followed them.

Records showed that pre-employment checks were carried out to determine that the proposed new staff member was of good character. Staff told us that these checks were in place before they could start work assisting people using the service. These checks included, but were not limited to; references from previous employment; proof of identity; gaps in employment history explained; and a criminal record check from the disclosure and barring service. One staff member said, "My references, both [previous] employer and personal, were in place and my CRB (criminal records check) was in place before I started [work]." Another staff member confirmed to us that, "My references from my previous employment were in place before I was allowed to deliver care." This showed us that safety checks on new starters were in place and checked before they were deemed suitable to work with people using the service.

People who had assistance with their prescribed medication confirmed to us they had no concerns and that the system worked well. Records clearly documented who was responsible for the collection and disposal of

this medication. We saw that records of the management of people's medication were maintained by staff. These were an accurate record, as there were no gaps in the recording of people's prescribed medication. Staff told us, and records confirmed, that they were trained to administer medication and that their competency to do this was checked by a more senior staff member. Medication audits to look at the accuracy of staff's record keeping were also carried out. This was so that people and/or their relatives could be sure that they/ their family member would be administered their medication as prescribed.

Care records showed that each person's care and support needs had been assessed and this information helped determine how many suitably skilled staff were required to assist them. Records also showed the time of each care call, what was to be completed by staff during this call including the length of time of each care call. People said that they received a weekly rota from the office staff. This showed which staff member would be attending their care call and when. One person told us, "Its [timekeeping] is usually spot on. If there's an emergency with a previous patient [person using the service] the office will let me know." A relative said, "Yes, it's good. We've had no issues at all." A staff member confirmed to us that, "We get travel time [between care calls] and have a rota for the same [geographical] area. There are enough staff to cover [care] calls and we have a set client list for consistency." Documentation we saw showed that there were enough staff to meet the number of care hours contracted/commissioned to the service.

Good

Is the service effective?

Our findings

Staff told us they were supported through supervisions, competency / spot checks and appraisals. Staff said these competency/ spot checks were unannounced checks. One staff member confirmed to us that these checks were, "Quite regular." Another staff member said, "I have had supervisions. They are a two way conversation where I can raise any worries and I can approach (the manager) at any time."

Staff told us that when applying for the role, they had to complete an application form and attend a face-to-face interview. When new staff had successfully completed the recruitment process they completed the care certificate as part of their induction. The care certificate is a nationally recognised induction programme that applies across health and social care. This included training and 'shadowing' a more experienced member of staff. This was until new staff members were deemed competent and confident by the branch manager to provide effective care and support. One staff member told us, "[My induction] consisted of shadow shifts for 25 hours and classroom training." Another staff member said, "I did 16 hours of shadow shifts as I was experienced and then classroom based training."

Staff told us about the training they had undertaken to ensure they had the skills to provide individual and effective care and support for people. Records confirmed this. Training included, but was not limited to; safeguarding adults; safeguarding children; equality and diversity; emergency procedures; administration of medication; food hygiene; moving and handling; dignity in care; and care of the dying. Other specialist training, such as, Percutaneous Endoscopic Gastrostomy (PEG tube) was available for staff to complete when required for people with specific, complex health care conditions. A PEG tube provides a means of feeding a person when oral intake is not advised. When people and a relative were asked if they felt that staff were trained and confident to support them/ their family member they agreed and a relative said, "Yes I would. Without doubt." This demonstrated to us that staff were encouraged to develop their skills and knowledge set.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 so that they can receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that people's capacity to make day-to-day decisions was assessed where necessary, and staff acted in people's 'best interest' where appropriate. The branch manager confirmed to us that no-one currently using the service lacked mental capacity to make their own decisions. People and a relative confirmed to us that staff promoted and respected their/their family member's choices, when assisting with their care. One person said, "Yes, I am happy with this side of things."

Staff we spoke with demonstrated to us their understanding of how they put their MCA training into practice.

A staff member said, "Give people visual prompts to aid with their choices." Another staff member told us, "Assume capacity and prompt choices for people using visual prompts."

The majority of people and a relative told us that they/their family member did not require staff assistance with the preparation of drinks and meals. They did tell us that staff would always check with them/their family member to see if they would like a drink prepared. A staff member told us, "You always offer people a drink at the start and end of the [care] call. If people want a ready meal prepared, we will prepare and offer different choices [of meal]."

People were supported by staff to access to external health care professionals when they needed this assistance. We saw that people who were assessed to be at risk were involved with specialist external health care professionals when necessary and advice given by these professionals was followed by staff. For example, care around Percutaneous Endoscopic Gastrostomy (PEG tube) had been sought and staff followed the support and guidance provided.

Good

Is the service caring?

Our findings

People and a relative made positive comments about the care and support given to them/ their family member by staff. They told us that staff had a caring attitude towards them. One person told us, "Yes, I have no complaints about them [the staff]." A relative said, when asked if staff were caring, "Yes, I do. By everything that they do…[including] the high standard of care they provide." This demonstrated to us that the care and support provided by staff was done in a caring and kind manner.

People's respect, dignity was promoted by staff. Staff told us of the steps they took to maintain a person's dignity and privacy when delivering their personal care. This was confirmed by people and a relative of people using the service. One relative said, "I can't fault [staff] at all." One person told us, "They [staff] are very friendly and respectful." This showed us that people's dignity and privacy was promoted and maintained by the staff supporting them.

Records showed that people wanted to maintain their independence and continue to live in their own home, with assistance from staff. People told us that the assistance they/their family member received from staff helped them/their family member stay independent. This, they told us, was their continued wish. We saw that these wishes were then taken into account and considered when planning those aspects of their care. Guidance was given to staff to help them understand how to support people to meet these needs. Staff confirmed that they had read people's care records and that this helped give them information on how the person wanted their care and support to be carried out.

People told us that they, and where needed, their relatives were involved in setting up and agreeing the decisions about their/their family member's care. They told us that this made them feel, 'in control.' Care records showed that staff reviewed and updated care and support plans when needed. We looked at the reviews of people's care and support needs, which helped make sure that people were provided with care and support by staff based upon their most up-to-date care needs.

Advocacy information was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Compliments from people and their relatives had been received by the service in relation to the service provided by staff. Compliments included, "We would like to say a huge thank you for all the care you gave [named person] during the last few weeks of her life." As well as, "I would just like to thank you for all of your care over the last five years. It has been very much appreciated."

The PIR stated that there had been four complaints recorded as having been received by the service within the last twelve months. This was confirmed by the records we looked at and by discussion with the branch manager. These records showed that complaints were investigated and action taken to reduce the risk of recurrence. This included a person's wish for a certain staff member to not attend their care calls. We saw that wherever possible, complaints were resolved to the person's satisfaction.

People who used the service and a relative confirmed that they knew how to make/raise a compliment or complaint should they need to do so. One person told us, "I've been in touch [with the manager] maybe three times and things have been sorted out." Information on how to make a complaint was also made available to people and/or their relatives who were new to the service, within the providers service user guide. Staff were aware of the procedures to follow if anyone raised a concern with them. A staff member said if a person asked them to help support them to make a complaint, "I would speak to them and let them know that I will raise a concern with [staff at the] office, so that it could be resolved."

People's health and welfare continued to be met by staff who remained responsive to people's needs. People's care and support needs were assessed, planned and reviewed to agree their individual plan of care and support. These records gave guidance for staff on what a person was able to do for themselves independently, and where a person needed some assistance. Staff demonstrated to us a good understanding of each individual's care and support needs. One relative said, "They [staff] are getting to know [family member] well." A person told us that staff were, "All pretty helpful." This showed us that staff understood the people they assisted with their personalised care needs.

People's support and care plans detailed how many care workers should attend each care call and they guided staff about how people wished to be supported during the call. This helped care staff to be clear about the level of support and care that was to be provided. Daily notes were completed by care staff detailing the assistance that they had provided during each care call. This included confirmation that, where appropriate, a person was wearing their life line. A life line is a call button a person presses for help in an emergency. We saw samples of detailed notes, explaining the care and assistance carried out at each care call held in the service's office.

During this inspection, people said they did not require support from staff to maintain their links with the local community to promote their social inclusion. Although records seen showed us that staff, supported people with shopping trips where required. This meant that, where appropriate, staff supported people to maintain their links with the community.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. However, they were not present during this inspection and had applied to deregister from this role with the Care Quality Commission (CQC). A registered manager from a nearby location was involved in the day-to-day running of the Peterborough location. They were also in the process of applying to the CQC to add the Peterborough location onto their current registration. They were supported with the day-to-day running of the service by a field care supervisor and team of care workers.

People and their relatives had positive opinions on whether they would recommend the service. One relative said, "Yes, Very happy. They are prompt and reliable." A person told us, "Yes, because I have no complaints at all."

People and their relatives were given the opportunity to feedback on the quality of the service provided. The provider had sent out a questionnaire in 2016 and the response was good, there were also regular telephone surveys completed by staff in the office. Information from the feedback was used to improve the quality of service where possible. The majority of the feedback from the questionnaire showed positive comments about the quality of the service delivered. Areas for improvement included the appearance of staff and that staff should always wear their name badges. These improvements were checked by senior staff members when undertaking unannounced staff spot checks.

Staff told us there was a positive culture that existed within the service and that they were free to raise concerns, make suggestions and drive forward improvement. They told us that the branch manager was supportive to them and was approachable. This meant that staff could speak to them if they chose to do so. We also saw examples of where a staff member had been singled out for particular praise by the providers managing director for a piece of work they had undertaken. One staff member said, "If I have any problems there is always someone to talk to." Another staff member told us of concerns they had raised about their personal circumstances and how they had been supported. They told us, "I love my job. I really like working in care. I feel very supported [with regards to named concern] and there is an open door in the office. I can just pop by and chat if I need to." A third staff member said, "I get huge satisfaction because I know the clients [people using the service] are happy. Everyone [staff] is friendly and if I ever need help there is always someone to advise me on what to do." This showed us that staff were made to feel valued and supported.

The branch manager showed us records of their on-going quality monitoring process. Audits were carried out and these included audits for people's prescribed medication administration records and people's daily communication notes and staffing. Any improvements required were recorded in an action plan. An organisational audit by the regional manager was also carried out to review the quality of the service provided. Again, an action plan to drive forward any improvement needed was set out with a date they were to be completed by.

Staff told us that there were regular meetings which were attended by staff where possible. These meetings were set up to talk through with staff the plans for the service and any organisational updates and

improvements required. A staff member said about the staff meetings held, "We all have an input." Another staff member told us, "If I can't attend [staff meeting] due to childcare I will always read the minutes."

The branch manager was aware that they were required to notify the CQC, in a timely manner, of incidents that occurred within the service that they were legally obliged to inform us about, such as incidents of harm. Records showed that the CQC had been notified of incidents that had occurred.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This demonstrated to us that staff understood their roles and responsibilities to the people who used the service.