Prestige Nursing Limited

Prestige Nursing – Milton Keynes

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 June, 7 and 14 July 2016 and was announced. Prestige Nursing Milton Keynes provides personal care to people in the Milton Keynes area. At the time of our inspection the service was providing personal care for 18 people in their own homes. The inspection was undertaken by one inspector.

The service did not have a registered manager in post. 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. A manager had been appointed at the service; they had submitted a registered manager application to the Care Quality Commission (CQC), which was in progress.

At the last inspection of the service on 13 November and 1December 2015 we asked the provider to take action to improve how they managed the recoding of medicines. The provider sent us an action plan telling us how they planned to improve. At this inspection we found the actions had been completed.

Staff knew how to recognise signs of abuse and what they needed to do to protect people from abuse.

Risks to individuals and the environment were identified and managed. Risk assessments were centred on the needs of the individual, to enable people to live as safely and independently as possible.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs. The recruitment systems ensured that staff had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

Staff were trained in the safe administration of medicines and where the service was responsible; people were supported to take their medicines safely.

Staff received regular training which provided them with the knowledge and skills to meet people's needs. They also received regular supervision and support from senior care staff.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating.

Staff met people's day to day health needs and took appropriate action in response to changing health conditions.

People were treated with kindness and compassion and their privacy was respected. The staff understood and promoted the principles of person centred care.

People's needs were assessed and their care plans had sufficient detail to reflect how they wanted to receive their care and support. People using the service and/or their relatives were involved in the care reviews.

Complaints were responded to appropriately and they were used as an opportunity for learning and improvement.

The registered manager understood their responsibilities. Their leadership style inspired the staff team to deliver a quality service. Staff at all levels understood the ethos and vision of the service.

Robust quality assurance systems were used to measure and review the delivery of care, and drive continuous improvement.

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 knew how to recognise signs of abuse and what they needed to protect people from abuse.

Risks to individuals and the environment were identified and managed.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs.

The recruitment systems ensured that staff were suitable to work with people using the service.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received regular training which provided them with the knowledge and skills to meet people's needs.

Staff received regular supervision and support.

Staff sought people's consent before providing any care and support.

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating.

Staff took appropriate action in response to people's changing health conditions.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

Staff ensured people's privacy was respected.

Staff understood and promoted the principles of promoting independence and person centred care.

Is the service responsive?

Good

The service was responsive.

People's needs were appropriately assessed.

Care plans had sufficient detail to reflect how people wanted to receive their care and support.

People using the service and/or their relatives were involved in their care reviews.

Complaints were responded to appropriately and were used as an opportunity for learning and improvement.

Is the service well-led?

Good

The service was well led.

A manager had been appointed and they had applied to register with the Care Quality Commission (CQC).

Staff at all levels understood the vision and values of the service.

Quality assurance systems were used to measure and review the delivery of care and drive continuous improvement.

Prestige Nursing – Milton Keynes

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 28 June, 7 and 14 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community, and we needed to be sure that someone would be available in the office.

The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law. We also received feedback from commissioners involved in the care of people using the service.

We spoke with two people using the service and the relatives of three people using the service. We spoke with the manager and three care workers.

We reviewed the care records belonging to four people using the service to check that they were reflective of people's current needs. We reviewed four staff files that contained information about their recruitment, training and support. We also looked at other records relating to the quality assurance and management of the service.

Good

Is the service safe?

Our findings

At the last inspection of the service on 13 November and 1December 2015 we found the provider had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 HSCA (RA) Regulations 2014. We asked the provider to take action to improve and they sent us an action plan telling us how they planned to improve. We found at this inspection the actions had been completed.

Where the service was responsible, the staff managed people's medicines consistently and safely. People using the service told us they received their medicines safely. They confirmed the staff signed the medicines administration records (MAR) documentation held within their homes on checking and administering their medicines. One person said, "My wife looks after my medicines, but the staff always check when they come to provide my care that I have taken them". One relative said, "When the staff call on [person's name] they always check they have taken their tablets on time". The staff told us they completed medicine training that included the administration and recording of medicines. We also saw that the provider carried out staff medicines competency assessments that included observations and reviews of the MAR charts to ensure the staff were following procedures of correctly administering and recording medicines. We looked at the MAR charts for people the provider had taken on the responsibility for administering medicines and found they had been completed and signed by staff appropriately. We also saw that the safe administration of medicines was a regular item discussed at each staff meeting to stress the importance of staff being conscientious in keeping robust medicines records.

People using the service and their relatives told us they thought the service ensured their safety and welfare. One person said, "The staff help me get from A to B safely, they make sure I have my walker to hand, as I am prone to falls". One relative said, "We have recently started using the agency, up to now, we have been very impressed, we have no concerns at all, the staff seem competent and know what they are doing".

The staff we spoke with confirmed they had received training on safeguarding people from abuse and on the safeguarding reporting procedures. One member of staff said, "I have not had any cause to suspect any person I provide care for are at risk of abuse. However, if I did I would report it directly to the manager". Another member of staff said, "We are informed in the training how to report abuse, if I suspected or saw any abuse I would know exactly what to do about it". We saw that the staff training records itemised safeguarding as one of the mandatory elements for all staff to complete during the induction training. We also saw that refresher safeguarding training was provided for all staff annually. The provider's safeguarding policy gave the contact details for the local authority safeguarding team and also the contact details for the Care Quality Commission (CQC) for staff to use when reporting any concerns of abuse.

Suitable systems were in place for staff to record accidents and incidents. The manager of the service was aware of their responsibility to notify the Care Quality Commission (CQC) of all incidents of abuse and other incidents, resulting in serious injury.

Risk assessments identified specific risks presented to people using the service and staff within the home environment. They outlined the key areas of risk, such as falls, medication and manual handling needs. They

included information on the action staff needed to take to promote people's safety and minimise potential risk of harm, whilst promoting independence. We saw the risk assessments were reviewed regularly and updated as and when people's needs changed.
We saw emergency contact details were available within people's care records. For example, the person's GP, other health and social care professionals involved in their care. Next of kin, friends and neighbours.

There were sufficient numbers of staff to meet people's needs. One person said, I always have the same member of staff, they know me very well". One relative said, "We always have the same two carers, we have an excellent relationship with them, they know exactly what needs doing". One relative said, "I really can't find fault the service, we always know who is coming". The staff said they felt there was sufficient staff to meet people's needs. One member of staff said, we work well as a team, we cover for each other whenever one of us are on holiday or off sick".

People told us that staff usually arrived on time and spent the full length of time with them. One person said, "If they are running late, they always ring and tell me what's happened". One relative said, "There is some degree of flexibility, if we need them [staff] to come at a different time, they usually accommodate it".

The recruitment systems made sure that the right staff were recruited to keep people safe. The staff we spoke with confirmed that the provider had carried out appropriate checks on their eligibility and suitability to work at the service. We saw that the recruitment process ensured that applicants were suitable to be employed at the service. Written references were obtained from previous employers and where this was not applicable personal character references were obtained. The staff recruitment files contained documentation to verify the applicant's identity and eligibility to work in the United Kingdom. We saw that enhanced checks were carried out through the government body Disclosure and Barring Service (DBS). This ensured that only people suitable to work with vulnerable groups, adults and children were employed to work at the service.

Good

Is the service effective?

Our findings

The service made sure that the needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. People using the service and their relatives confirmed that they felt that staff knew about their specific care needs. One person said, "[staff name] is an 'enabler', they provide more than just care form me. They are very assertive, in the right way; they are very good at judging what I can do for myself and when I need help. I think the service I receive is excellent". One relative said, "The staff understand [person's name] condition, I think they are well trained". Another relative said, "The staff seem very skilled in what they do, [person's name] has very complex needs and the staff provide excellent care".

The staff told us they were provided with comprehensive induction training that prepared them with the skills and knowledge needed to meet the specific needs of the people they cared for. They also said they were also provided with ongoing refresher training to keep their skills and knowledge up to date. One member of staff said, "I have had a mix of face to face training and e-learning, I have also received training to prepare me to care for people with specific needs". They told us they had received specific training in caring for people using percutaneous endoscopic gastrostomy (PEG) feeding systems and stoma care.

Newly recruited staff did not work alone unsupervised until they and the provider were confident they were competent to do so. The service made sure that people using the service were introduced to the staff allocated to provide their care. They allocated staff effectively focussing on their skills, experience and compatibility with the person they are supporting. One person said, [staff name] was introduced to us, we feel they are very suited to providing the right care and support".

We saw that staff training was regularly reviewed and that updates were provided for all staff on mandatory training areas, such as, safeguarding people from abuse, moving and handling (theory and practical), basic life support, food hygiene, medicines administration and awareness.

We saw that a programme of staff supervision and annual appraisal meetings were in place. The staff confirmed they met regularly for one to one supervision with their supervisors and that they also attended group supervision meetings with the manager and their peers. We saw the minutes from the group supervision meetings that demonstrated they took place regularly and that communication was shared with the staff from the provider. We also saw that minutes were kept of the individual supervision and appraisal meetings.

People confirmed that spot checks were carried out by the service to check the staff were providing the right care for them. The staff also confirmed that supervisors carried out spot checks to observe the care and support people using the service received. We saw documentation was available within people's care files of the checks and that people had been asked to provide feedback on the quality of the care they received.

People using the service and relatives told us that staff always sought their consent and permission before they carried out any task or personal care. Relatives said, they observed that staff always explained what

they needed to do and asked people for their permission before carrying out any care tasks.

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 the 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 procedure for domiciliary care services is called the Court of Protection.

Staff told us they had received training on the MCA 2005 and there was evidence of this within the staff training records seen. People's care records contained assessments of their capacity to make decisions and where they lacked capacity to make decisions 'best interest' decisions were made on their behalf following the MCA 2005 legislation. For example, best interests' decisions had been made for people who lacked the capacity to safely manage their medicines.

People said that the staff prepared and heated ready meals for them. One person said, "[staff name] was here this morning, assisting me to prepare the vegetables for our dinner, they encourage me to do as much for myself as possible". One relative told us their family member was fed though a PEG feed system, they said, "The staff know exactly what to do to care for [name of person] they have been fully trained in using the PEG feed, we have never had any problems with it". We saw that people's care records had information about their dietary needs and preferences and the level of support people needed to eat and drink sufficient amounts. The staff told us when they visited people's homes they checked that people were comfortable and had full access to food and drink.

People were supported to access health services as required. The staff told us they had contacted relatives and the GP in response to changes in people's health conditions. One relative told us that the member of staff that attended their husband's care had been involved in multi-disciplinary team (MDT) meetings that had involved their GP, the occupational therapist, physiotherapist and psychotherapist. The member of staff also confirmed they had attended the meetings and in doing so they were fully aware of the programme of care that was to be provided for the person.

Good

Is the service caring?

Our findings

People using the service and their relatives were consistently positive about the caring attitude of the staff providing their care and support. One person said, "I truly cannot find fault, we are pleased with everything". One relative said, "We have an excellent relationship with [staff name], he is what we call a 'bright spark', he uses his initiative, we fully trust him". They said they felt their family member was always treated with kindness and compassion.

People received care and support from staff that knew and understood them and were aware of their preferences likes and dislikes. One relative said, "We really could not have wished for a better carer, they know how [person's name] likes to be supported". The manager told us when allocating staff they took into consideration compatibility to foster good relationships. They told us they achieved this by looking at people's preferences and the type of carer they would like to attend their care. We found the staff knew the people they provided care for very well. They were aware of their preferences, likes and dislikes and aimed to provide personalised care.

The relationships between the staff and people receiving support consistently demonstrated they were aware of maintaining people's independence, dignity and respect at all times. One relative said, [Staff name] pitches the support they provide just at the right level, [person's name] is treated as a mature adult, it's definitely not a carer and cared for relationship, it's a partnership".

People were proactively supported to express their views. For example, people could choose as to whether they wanted staff to wear a uniform, so that it was not obvious when out in the community they were receiving care from an agency.

People spoke of how the staff provided them with companionship. One relative said, "[Staff name] came on holiday with us last year, we are planning to go again and all being well [staff name] will be coming too. [Person's name] likes to go swimming and [staff name] goes with him. The member of staff confirmed they regularly went with the person to the gym, swimming and to the museum.

People said they felt their views were listened to and that they and their family members were involved in making decisions and planning their care as much as they were able. One relative said, "[Staff name] from the agency came to discuss [person's name] needs with us, they listened to how we wanted their care to be provided and everything we asked for has been accommodated.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us they were involved in the assessments and care plan reviews. One relative said "They did an assessment for [person's name] when we first started using the agency, they also involve me as I am the main carer". Another relative confirmed their family member had regular care reviews they said, "They visit us at home and sometimes they phone to check that everything is going ok".

People said that communication with the service was good. One relative said, "We are very involved in [person's name] care, we work together with the staff, so we have a lot of contact with the agency". We found that records of home visits and telephone assessments that had been carried out to continually check that people received their care as agreed in their care plans. We saw the assessments and associated care plans had been updated as and when people's needs had changed to ensure that people received the right care and support according to their current needs and capabilities.

We saw that people received personalised care that reflected their choice and promoted their involvement in the local community. One relative said, "The staff go with [person's name] on weekly outings, they go to the gym, country walks and visit museums. [Person's name] chooses where they want to go.

People told us they knew how to raise any complaints about the service. All of the people we spoke with confirmed they had not had any cause to complain about the service they received. . One person said, "If I did have any reason to complain, I would get straight in touch with the manager". One relative said. "I have made minor comments; they have always listened and sorted things out very quickly. I feel I can speak candidly, without any fear of reprisal". Another relative said, "I have never had any concerns, so have never needed to make a complaint, if I ever did I feel the agency would take it very seriously". We saw that a complaints procedure was in place and the out of hour's contact details were available for people to use. We looked at records of complaints and saw that they had been responded to and investigated appropriately following the complaints policy.

Good

Is the service well-led?

Our findings

There was not a registered manager in post. The previous registered manager had left the service in March 2015. A new manager was in post and their application to register with the Care Quality Commission (CQC) was in progress. People using the service and the relatives we spoke with praised the caring and professional attitude of the manager and the staff team. They expressed satisfaction with the quality of the service they received.

People said they felt involved in their care and their views were valued and respected. People told us they regularly received visits and telephone calls from the care supervisors seeking their views on the care they received from the service. One person said, "All the staff seem very friendly, we can contact them at any time". We saw records within people's care files of people being asked to provide feedback on the care they received. This had been done through home visits and telephone calls being made. We saw that the comments received from people showed that people were pleased with the care they received.
People felt that the manager and staff listened to their requests or suggestions and where possible they were always accommodated. One person said "The manager and the office staff are always very friendly and approachable I can ring them any time''. One relative said, "I would definitely recommend the service". People were very complimentary about the attitude and approach of both the manager and staff; they were particularly very appreciative of the kindness and friendly nature of the staff.

The manager had provided the Care Quality Commission (CQC) with information, such as notifications of incidents, as legally required under the registration regulations. We also saw that regular audits were carried out to continually assess the quality of the service people received. Areas identified for update or improvements were promptly addressed.

The staff told us they were aware of the safeguarding procedures. All of the staff we spoke with confirmed that they fully understood their responsibility to protect people from abuse. They were also aware of the whistleblowing procedures and their responsibility to inform the local safeguarding authority, if they believed the manager or provider did not take appropriate action to protect people from abuse.

The staff had regular opportunities to discuss their performance with their supervisors and share information about people's day to day needs with their colleagues. This was undertaken formally, during staff one to one supervision meetings, and through regular team meetings. We saw the supervision meetings were planned and records were maintained of the meetings. We also saw the minutes of the team meetings that demonstrated information was regularly shared with staff about company policies and procedures and that staff had the opportunity to discuss matters in relation to people's care and day to day matters in connection with the service.

The staff we spoke with were very positive about the management of the service; they said they received good support. One member of staff said, "I really do enjoy my work, the support and training is very good". They all commented on how approachable the manager was and how they could speak to her for advice and support whenever they needed to.

We saw that suitable systems were in place to audit the quality of the service, these included regular checks of care plans, risk assessments and medicines records. We found that records of the checks were maintained and areas identified for action had been addressed within the set timeframes.