

Prestige Nursing Limited

Prestige Nursing

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Prestige Nursing provides personal care for people living at home in Northamptonshire. At the time of our inspection there were 59 adults and 12 children receiving personal care. This announced inspection took place on 27 September 2016.

There was a registered manager in post at the time of our 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 had values and a clear vision that were person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to 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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

Prestige Nursing

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 27 September 2016. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection as the service is small and we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with one person who used the service and four relatives of people who could not speak for themselves. We also looked at care records and charts relating to five people. In total we spoke with seven members of staff, including three care staff, a co-ordinator and two managers. We looked at five records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff received training to enable them to identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I always tell the team leader if I have any concerns; they report these to the local safeguarding office." Another member of staff said they would report the issue to head office, if the manager did not take the appropriate action. We saw that the manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

People were assessed for their potential risks such as moving and handling, falls and medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that they had the same staff most of the time; and when staff came to provide their care, they were on time and stayed for the allotted time. One person told us "the staff are very regular; they will phone if they know they are going to be late, they are very good like that." Relatives told us that staff were punctual. People received care from people who had the training to meet their needs; staff who had received the appropriate training were allocated to each person to meet their individual needs.

Staff told us they were given travel time between visits, so people were given care at the time they expected and received their full allocated length of time. If staff were running late, they informed the office who contacted people to apologise and confirm when they would be there. The provider had implemented a system to electronically monitor people's calls to ensure they received their visits on time and for the whole time allocated.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People's medicines were safely managed. Staff had received training in the safe administration of medicines and their competence in medicines management had been tested. Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff spent time with other experienced staff shadowing them to enable them to get to know the people they were to support. Staff received 12 weeks of supervision where they reflected on their learning and identified areas they needed extra support when they first started working. One person told us that when they received care from new staff that "the new staff are knowledgeable." One member of staff told us "the training was good; it helped me to know what to do." Staff completed a set of mandatory training courses which included safeguarding, manual handling and First Aid. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People's needs were met by staff who had received training to meet their specific needs, for example where people had a Percutaneous endoscopic gastrostomy (PEG) to provide medicines, fluids and nutrition; staff received specific training for each person and they had their competencies assessed. Where people had complex needs, staff were specifically trained to meet the needs of each person and a nurse signed off their competencies and updated them regularly. Staff received regular updates to their training and senior staff were qualified to provide training such as manual handling. One member of staff told us "the updates are useful I have them once a year." The provider had implemented incentives to encourage staff to undertake their updated training on time.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. One staff told us "the supervision is useful, the manager asks questions to test my knowledge and we go on-site to check I know what I am doing." Staff told us they received regular supervision and they felt supported. We saw evidence that there was a clear plan to undertake regular supervision, where training, staffing levels and people's support were discussed; ideas and actions to resolve issues were set and followed up.

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff gained people's consent before they entered their homes and before providing any care.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to

maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person was a vegetarian, and they required a diet to help maintain their weight, staff ensured they received enough calories daily to maintain their weight. Staff received training in food hygiene and prepared food to people's preferences. Where people had specific nutritional needs, staff received training for example, where people received their food via a tube into their stomach, staff had their training and competencies checked. Staff ensured that people were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency and the procedures to follow, for example if people's PEG tubes were not functioning properly or had fallen out. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. Staff supported people to attend their health appointments.

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us that the staff were "quite good." One relative told us "they [staff] have a very good relationship with [name] which is very important." Another relative told us "[name] is paired well with the carer, feels like a family friend."

Staff took time to get to know people who were new to the service. The manager described how they tried to get to know each person as they were before their illness, so that care staff could 'see the person as they were' Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "I care for the same people all the time; I have got to know them well." Two care staff told us they had been caring for the same people the whole time they had worked for Prestige Nursing.

People were supported by staff that wanted to show they cared; and went the 'extra mile' to ensure that people felt happy. For example one person wanted to celebrate their birthday; care staff had organised for their friends to arrive on mass on their motorbikes, and arranged for the local road to be closed so the person could join the procession to where a party was held. The person had told staff "I felt like a legend."

People's care was person centred. People had their individual routines and preferences recorded and carried out by staff. One member of staff told us how important it was they understood the cultures and religions of the people they cared for, as this was important to them and they wanted to ensure they were respectful.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One person told us "they [staff] always preserve my dignity".

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff and the care they had provided.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs, one relative told us "the staff are trained to care for [name]; they are tested to make sure they know what to do."

Senior staff visited people to assess their on-going needs and informed staff of any updates in care. One relative told us "they review [name's] care regularly." Detailed care plans provided staff with specific instructions about people's preferences which staff followed. For example where people experienced anxiety due to their dementia; the instructions in the care plans helped staff to allay people's anxieties by the use of distractions that worked for each individual.

People were involved in planning their care and staff demonstrated they were aware of the content of people's care plans. One person told us "I was involved with setting up my care plan." A relative told us "We are involved in [name's] care plans, the staff are kept up to date." Staff told us that they knew people they cared for well and were involved in people's reviews.

People said they knew how to complain and felt confident that their concerns would be listened to. One relative told us "I made a complaint and the service improved." One person told us they knew how to make a complaint and that the "complaints leaflet was in the folder" to refer to. There was a complaints policy and procedure in place and we saw that complaints had been dealt with in a timely way. The manager used the information from complaints to make improvements in the service.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. They had ensured their team was knowledgeable and included nursing staff to manage and oversee the assessments and reviews of people's care. They understood their responsibilities which included notifying the commission of incidents or changes to the service.

The manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The manager demonstrated how staff continually developed their roles through training and supervision.

The manager understood the importance of providing good quality, safe care. The service was growing and taking on more care packages; however, the manager was very strict about ensuring there were enough trained staff to provide the care for new people. When they employed new staff the manager looked for at least six months previous experience of personal care and that all staff had a good command of written and spoken English. The combination of careful recruitment and training and supervision had ensured a good retention of staff.

People who used the service and their relatives told us they had confidence in the service. The manager listened to the feedback they received from people who used the service and staff and used this information to improve the service. The manager had recently changed the way the service was organised to make smaller teams; their aim was to ensure a personal and manageable service as the service grew. We observed that this had had a positive impact on people's rotas, reviews and staff supervision as team leaders had taken on responsibility and ownership of their group of people using the service.

Staff had been deployed to their positions where they had the skills and experience to carry out their roles effectively. For example the co-ordinators had been care staff and knew people who used the service. They maintained their training and maintained their contact with people on a regular basis. One co-ordinator told us "I love my job, because I worked as a carer and I know the clients I've got an insight into what they are feeling and have a better understanding of what they need." All the office staff had met with people, the manager told us this was important as people needed to feel comfortable in contacting the office when they needed to.

Staff had team meetings that were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to relay feedback from people who used the service and the results of audits, for example findings from the medicines audit. The provider produced newsletters to update staff on corporate messages and plans for the future. They also produced webinars for staff to attend about subjects such as using the electronic monitoring system.

There were arrangements in place to consistently monitor the quality of the service that people received, as

regular audits had been carried out.