

Prestige Nursing Limited

Prestige Nursing Ipswich

Inspection report

28 Silent Street
Ipswich
Suffolk
IP1 1TF

Tel: 01473559750

Website: www.prestige-nursing.co.uk

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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? | Requires Improvement ● |

Summary of findings

Overall summary

Prestige Nursing provides personal care to adults in their own home. It also provides a recruitment service, supplying staff to the adult social care sector. This element of the service, although provided by Prestige Nursing would not need to be registered with the Commission. We focussed our inspection on the people in receipt of personal care only. On the day of our inspection there were 34 people using the service.

Below is a summary of what we found. The summary describes what we observed, the records we looked at, and what people using the service, their relatives, and staff told us.

There is a Registered Manager at this location. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered services, 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.

People told us they felt safe and secure when staff visited them, and staff understood the process they should follow to keep people safe. Staff could describe the different ways people may experience abuse and the correct steps they would take if they were concerned that abuse had taken place.

We inspected staff rotas, which showed there was a sufficient number of staff available to meet people's needs. The registered manager told us the service needed to improve the way it managed missed and late visits and explained to us how they were planning to improve this area. Recruitment processes were rigorous and procedures for dealing with emergencies were in place.

When staff supported people to take their medicines, this was managed safely by trained staff who understood their responsibilities. The service and staff understood their responsibilities under the Mental Capacity Act 2005 and people had given their consent to the care provided.

Staff told us they had completed training and was encouraged by the service to continue to learn, by completing further qualifications in Health and Social care.

Staff told us they had supervision meetings with the registered manager. We inspected staff records and found these were not always recorded. We have recommended meetings should be consistently recorded in the future.

Everybody told us they had positive relationships with their care workers and were supported by staff that showed patience when supporting people. People told us they were treated with kindness and said their privacy and dignity was respected.

People had an individual care plan which set out their individual care needs. Assessments included needs for mobility aids, specialist diets, medication, allergies, and information relating to health needs.

People told us they were made aware of how to make a complaint and there was a complaints policy and procedure in place. The service worked well with other agencies and professionals to make sure people received the care they needed.

A notification is information about important events the service is required to send to us by law. We found when a safeguarding incident had occurred the service had not notified us of this event.

A new registered manager was recruited and started in post three weeks before the inspection took place. Staff told us they were approachable and supportive.

We inspected the way the service audited the service and found they had a system to assure the quality of the service provided. A service development plan was provided which showed how the service planned to improve the service over the next six months.

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 told us they felt safe and staff knew how to identify and raise concerns.

Staff understood how to protect people from harm and abuse.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the training and knowledge to support them effectively.

Staff received regular support from the registered manager.

Staff had been trained in the Mental Act 2005 and DoL's and understood its principles.

Is the service caring?

Good ●

The service was caring.

People and their family members told us staff treated them in a kind and respectful way.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place, which enabled people to raise complaints.

People knew how to raise concerns but complaints were not always recorded in the way the company wanted them to be.

Is the service well-led?

The service was not always well led.

Statutory notifications had not always been submitted to the commission.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

The manager looked at ways they could improve the service it offered.

There were processes in place to monitor the quality of the service and understand people's experience of what it was like to use the service.

Requires Improvement ●

Prestige Nursing Ipswich

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 checked whether the service 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 over two days between the 13 September 2016 and the 14 September 2016. The inspection was announced, which meant the service knew we were coming. We gave the manager 48 hours' notice because we needed to make sure they would be available. The inspection was carried out by one inspector.

Before the inspection, the service completed a Service Information Return (PIR.) This is a form that asks the service to give us some key information about the service, what the service does well and improvements they plan to make.

The information we held about the service was reviewed before we visited, it included notifications, complaints, and safeguarding concerns. A notification is information about important events the service is required to send to us by law. We found when a safeguarding incident had occurred the service had not always notified us of this.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the service responded and acted on issues related to the care and welfare of people, and monitored the quality of the service. We asked the service to send us a copy of the service development plan and a copy of the training matrix that was provided to us before the end of the inspection.

We also spoke with one senior operations manager, the registered manager, five members of staff, six people who use the service and two relatives.

Is the service safe?

Our findings

Everyone told us they felt safe and secure when staff visited them. One person said, "I would say I am safe, when they visit. They are careful with me."

We looked at the way the service approached safeguarding, and found policies and procedures were in place. Staff received training in how to keep people safe from abuse and could describe what steps they would take if they were concerned abuse had taken place. Comments from staff typically included, "I've had training, and if I was concerned I would call my manager. If this wasn't dealt with, I would call the CQC or Local Authority."

Whistleblowing policies were in place and staff told us they were confident they could raise concerns with the manager, and this would be dealt with.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

There was sufficient staff employed to keep people safe. People who used the agency and their relatives told us there was enough staff to provide their care needs. Staff told us there was always two staff when required, for example to assist someone in using a hoist or to use a standing aid. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule, they would inform the manager who would then arrange extra support. With the exception of one person, people, and their family members, told us staff turned up on time and stayed for the duration of the visit. One person explained, "They turn up on time." Another person said, "They tend to stay for the right amount of time." The registered manager was transparent and explained that previously in the year there had been a spate of missed and late calls, they told us they had already started to work to improve this area, and told us about a new electronic system that would be introduced to help them improve this area. This reassured us that steps were being taken to improve this area of the service.

The senior member of staff told us all of the staff was flexible and able to cover if necessary, for example if someone was off sick or on annual leave. The manager told us if staff were unable to cover then they themselves would carry out the care visits. Staff confirmed that on occasion this happened.

People had detailed risk assessments and these were reviewed regularly. Risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur, and what steps were needed in order to reduce the risk. These included risks of falls and risk of dehydration or malnutrition. Any incidents were recorded and investigated and the risk assessments were reviewed and amended if necessary.

People told us staff would help them take their medicines in the correct way and were happy with the arrangements. One person told us, "The staff makes sure I have my medication when I need it."

Staff told us they received training in the administration of medicines and knew what to do if there was a concern about someone's medicines. One staff member explained, "I would let the office know immediately if there was a concern."

Senior staff monitored people's medication records to check people were receiving their medication correctly. The manager and senior members of staff audited the medication administration sheets (MARS) to ensure there were no errors. The manager carried out regular spot checks to make sure staff were competent to administer medication.

We looked at recruitment records and found appropriate checks had been undertaken before staff began working at the service. Checks were undertaken through the Disclosure and Barring Service (DBS). We noted the service requested three references from previous employers and checked people's eligibility to work in the United Kingdom. This meant as an employer they carried out the necessary checks and used this to assist them in making safer recruitment decisions.

Is the service effective?

Our findings

People told us they received effective care and support from staff. One person said, "The girls know what they are doing." Another said, "I am so pleased with the extra help, they know what needs to be done."

All of the staff we spoke with said they had received an induction, and records reflected this. Three staff told us they were being encouraged to complete further qualifications in Health and Social Care.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included, safeguarding, manual handling, medication, food hygiene and dementia awareness.

Everyone we spoke with told us they thought the staff was well trained to carry out their role. One person told us, "I think they have training days, as one time my carer came to see me after she had been to one."

Staff were well supported and monitored. They told us supervision and spot checks took place regularly, which they found supportive. These checks included ensuring staff were dressed appropriately wearing their name badge and their uniform and looking clean and tidy, as well as looking at records and observing the care being delivered. As there had been a change of registered manager, supervision meetings had taken place but had not always been recorded. The new registered manager told us that there had been a lapse in recording these types of meetings, between the previous manager leaving and them starting in post. They assured us that these would be recorded in the future.

Staff told us, they had adequate supplies of Personal Protective Equipment (PPE) that would be either collected from the office or dropped off by the manager.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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 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 told us they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

Staff told us they would report to the office if they ever felt anyone, who used the service had a health need that needed attention. We looked at records, and found people's care records showed the involvement of health and social care professionals. When people's needs had, changed records contained the advice and

guidance provided by external health and social care professionals. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.

Staff had clear guidance available to them when they supported people to eat and drink. People told us that when they were helped with meals, the staff carried out their wishes. Food and fluid charts were retained in the persons care record along side guidance about people's food preferences and meal time choices.

Is the service caring?

Our findings

Most people described the staff as being caring, and compassionate to their needs. However, one person told us they were leaving the service as they had not got on with a carer and did not like the recent changes to management.

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way. Staff told us they felt it was important to show respect for people homes and their belongings and were careful to put things back where they found them if they had been cleaning the persons home.

With the exception of one person, people told us staff were polite and communicated with them effectively. One person told us, "The carers respect my home and they don't go anywhere I don't want them to." Staff told us about the importance to treating people respectfully and could explain how they would do this. One person told us, "They are very kind. They don't make me feel embarrassed when I'm having a wash. They use towels very discretely placed."

People told us they felt the staff listened to what they said and acted upon their comments. One person said, "The staff help me to do things for myself." This confirmed to us the staff promoted and respected people's independence and they had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected. People told us they had been involved in planning their care and knew about their care plan. One family member said, "The paperwork was always done, communication was good and they act on everything I asked."

At the time of the inspection, no one required the help of an advocate. The registered manager explained, if the need arose they would assist people to access local advocacy services.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to people's needs. One person told us, "This is better than other agencies. It gives me what I need."

Support plans were personalised and reflected in detail people's personal choices and preferences regarding how they wished to be cared for. We observed one person coming into the office to talk about changes to the care. We saw staff had a good rapport with this person, and they could explain to us how well they knew this person, and their needs.

People told us they had been given information about the care the service could provide at the beginning of their care. People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation, which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people's changing needs. We saw where people required social interaction to reduce their feelings of isolation; this was also included in their support plans.

Care records included information about people's needs. The care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. People we spoke with knew about their care plan and told us they were involved in the compilation of their support plan and in it being reviewed and updated. People told us they were happy with the care and support they received from staff. One person said, "They listened to what I needed and then we completed the paperwork."

Daily records were well written by staff and contained a good level of detail about the care had been provided and any issues other members of staff needed to be aware of. Staff we spoke with could outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit.

The agency gave choice about gender specific care respecting people's choices. The manager explained that at the present time they had a mix of male and female care staff and could cater to a person's preference.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People we spoke with told us, "I know how to complain but I have never had the need to." Another person said, "I would speak to office if I needed to complain." The registered manager told us that since they had commenced in role they had found one or two complaints, which had not been processed using the company's paperwork and approach, but dealt with via email. They told us that all complaints made moving forward would be processed in line with the company policy and paperwork.

Is the service well-led?

Our findings

At the time of our inspection, we found this service had not always been well led. Despite people being complimentary about the new registered manager, we found the service required improvement in this area.

Before we visited the service, we checked the information we held about the service, which included notifications, complaints, and safeguarding concerns. A notification is information about important events the service is required to send us by law. We found when a safeguarding incident had occurred the service had not always notified us of this. The new registered manager was very open and transparent about this fact, and explained that shortly after commencing in role, they found safeguarding paper work had been sent to the local authority. The commission had not been notified of this safeguarding event. The registered manager reassured us that all notifications would be submitted to the commission in the future.

The registered manager was new to the company and prior to the inspection had only been in post for three weeks. Despite being new to the company, people told us they knew who the manager was and had spoken to them or had met them. People described the manager as approachable and helpful. One person said, "From what I have seen of them they were very helpful."

The agency had a clear management structure in place. The registered manager had two senior members of staff who supported them with the day to day running of the agency. They were able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team.

All of the staff we spoke with described the team as having high levels of morale, and were pleased they worked for the service. One staff member said, "It's a good team, and we all get on really well." Staff told us the service was well organised and they enjoyed working at the service. They said the manager had a visible presence in the daily running of the service. They told us they were treated fairly, listened and they could approach them at any time if they had a problem. Comments from staff included, "I am supported in my role very much." and "I feel valued in my role and proud to work for Prestige Nursing."

Quality audits were completed to identify where any necessary improvements were needed. For example, completed daily records including medication charts, were brought back to the office each month to be audited and then archived. This was to ensure staff completed them thoroughly if any discrepancies were found then the manager would action this by having a discussion with the staff member and taking any necessary action to improve the service.

The service used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis, they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires that had been sent out these were only a tick box form but people had ticked to say they were satisfied with the care they received. The manager told us they talked to people on a regular basis and looked at ways they could make improvements.

Staff meetings took place and they told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

Care files and other confidential information about people kept in the main office were stored securely. This ensured people's private information was only accessible to the necessary people.