Prestige Nursing Limited

Prestige Nursing Exeter

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook an announced inspection of Prestige Nursing Exeter on 4 and 9 June 2015. Prestige Nursing Exeter provides personal care services to people in their own homes. A large proportion of their work is providing registered agency nurses to other registered services such as care homes and hospitals. We did not inspect this aspect of the service as this is not within our scope of registration. The provider Prestige Nursing+Care is one of the largest independent nursing and domiciliary care agencies in the UK and has branches throughout the UK.

At the time of our inspection approximately 17 people were receiving a personal care service. This service was last inspected on 11 December 2013 where we found action was needed relating to the management of medicines. During our June 2015 inspection we found this area had been addressed.

The service had recently changed managers. The new manager was currently applying to be registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The new manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and office staff and there were opportunities to provide regular feedback on the service.

People were kept safe and free from harm. There were sufficient numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff knew the people they were supporting and provided a personalised service.

Care plans were in place detailing how people wished to be supported and people were

involved in making decisions about their care. People told us they liked the staff and found the care to be satisfactory.

People were supported to eat and drink as required in their care plans. Staff supported

people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There were good systems in place to regularly monitor the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Risk assessments were completed to ensure risks were identified and appropriate actions taken to keep people using the service and staff safe. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. Appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training, supervision and appraisals to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good

Is the service caring?
The service was caring.

People found the care provided to be satisfactory.

Staff were respectful of people's privacy and dignity.

People were involved in making decisions about their care and the support they received.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People felt involved in their care planning, decision making and reviews.

People and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager and the provider regularly checked the quality of the service provided and made sure people were happy with the service they received.

Prestige Nursing Exeter

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.

The inspection of Prestige Nursing Exeter took place on 4 and 9 June 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector and an expert by experience undertook the inspection. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received since the service was registered with CQC. This included notifications, incidents that the provider had sent us and how they had been managed appropriately.

During our inspection we went to the Prestige Nursing Exeter office and spoke to the manager and office staff, reviewed the care records of four people that used the service, reviewed the records for four staff and records relating to the management of the service. After the inspection visit we undertook phone calls to six care workers and four people that used the service and three relatives. We also visited two people using the service in their own homes with their permission.

At the time of our inspection no service users required more than one care worker at a time to deliver their care.

Is the service safe?

Our findings

People told us they felt safe using the service. People told us they liked the staff and found the care to be satisfactory. Peoples' comments included " I'm very happy, they are always on time, lovely girls. I have no complaints." And "We have all the information we need. They're marvellous. They always stay and have a chat." People appreciated having reliable regular carers who knew what they were doing. A weekly staff rota was sent to people using the service and staff wore uniforms so care workers new to clients were easily identified when visiting or using the key safe system.

People were happy with the timing of visits and said care workers stayed for the full amount of time allocated. Three people had had an issue with timing of visits on some weekends. The manager said this had happened due to sickness, which they were monitoring, or initially when establishing a care worker "run" and was due to care workers covering. They said they would include information about sickness cover and initial timings when taking a care package on to ensure people knew what to expect. The general rule and accepted by social services was to expect the care worker to arrive up to a half an hour before or after the preferred time. Care workers called the office at the beginning of the call and when they left which monitored the time and length of their visit. Care workers were allocated travel time between visits or given visits close together to ensure they were on time and not in a rush.

People who had creams applied, medicines administered and checked and prescriptions collected by care workers all had confidence in their care workers to do these tasks. People said care workers were skilled at meeting their needs and 'well-trained' to do their job. Two new members of staff gave examples of protecting a client's safety: "I went to a client and the medicines were not in the right box and did not have an expiry date so I couldn't administer them. I reported this to the manager who sorted it out." And "I thought a client was too poorly to be at home so I rang the office and the person was admitted into hospital." This showed care workers were observant about protecting people's health and safety appropriately.

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures including local safeguarding team contact details.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. One person said "They came and we were well assessed. They have been monitoring me too." Assessments included environmental risks and any risks due to the health and support needs of the person. The risk assessments included information about action to be

taken to minimise the chance of harm occurring. For example, one risk assessment stated the gas oven must be clearly turned off after use. Another stated there are stone steps going up to the property which could be dangerous in dark or wet weather. Another risk assessment included personalised information that the person liked to use a zimmer frame to mobilise even though they did not really need to but it made them feel safer.

The manager said new staff would always first visit a person along with another regular care worker and care plans were detailed so that staff would know what to do on each visit. Care workers said they always checked on things like ovens, if the front and back doors were

secure and if people needed anything else. People confirmed this was the case. For example, one plan included to check that the person's dog was ok before leaving.

Staff were aware of the reporting process for any accidents or incidents that occurred and these were completed. For example, meetings and discussion with relevant health professionals had been carried out to discuss one person who did not like to follow the actions on their risk assessment. The manager, care workers and health professional had met with the person to explain the risks and why they needed to be mobilised in a certain way to keep them and the staff safe. Staff meetings also included the topic of how staff needed to maintain professional boundaries. One issue had been discussed with a nurse about how to respond to a person's request which crossed this boundary. Appropriate actions were recorded using the company policy and also within individual care files. Another incident occurred during our inspection where one person's spouse had been taken into hospital. The agency had ensured the wife had support during this time in

Is the service safe?

conjunction with social services. Staff also ensured people were informed about any changes due to incidents or traffic for example. People were contacted if their care worker was going to be slightly late or if the care worker had to change, which happened during the incident above.

There were sufficient numbers of staff available to keep people safe. Staffing arrangements were determined by the number of people using the service and their needs. Staffing arrangements could be adjusted according to the needs of people using the service and the number of staff supporting a person could be increased if required. There was on-going recruitment as the agency had plans to gradually expand.

Suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. Job applications were sent to the provider's head office who filtered applications considered suitable to go forward for interview at the local office. Checks included the Disclosure and Barring Service (DBS) checks relating to criminal convictions, which the provider chose to renew annually. The manager recorded discussion about these checks and these were sent to head office. Head office would analyse recruitment records, application form, interview notes and make the final decision to offer employment. We saw all staff had a signed contract in their records.

Where staff assisted people with medication this was managed well. There had been an issue with recording administration of medication during the previous inspection but this had been addressed appropriately. Records were completed and all staff had received medication training. Regular spot checks were completed by senior staff which looked at medication records to monitor any issues such as gaps in recording. These were then followed up as necessary.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. The agency employed around nine staff at the time of our inspection. Training records showed each staff member was either up to date with the provider's mandatory training topics or training sessions had been booked. The manager said company policy did not allow care workers to work if they had not completed and kept up to date with their training. These included manual handling, dementia, cultures and religions, dignity in care and end of life. The provider used in-house trainers with a mixture of e-learning refreshers and face to face sessions. There was also opportunity to complete more advanced training or training on relevant specific topics. For example, epilepsy, tracheostomy where people use a tube to breathe directly into their wind pipe and specialist training to provide care for children with complex needs. The provider had a national contract to provide care for children with complex needs who attended holiday camps. Some staff were trained up for this and were readily available should a job come up.

Staff were able to undertake nationally recognised qualifications such as the Qualification andCredit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. During our inspection the assessor arrived to discuss this training with some care workers.

People using the service felt their care workers knew what they were doing. One staff member said "If I'm going to a different person I always ring up their regular carers or the office to get background as I don't like to go into a person's house and ignore them while I catch up on the care plan." One person said "They seem to know what they're doing. I can trust them to look after my leg."

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Staff were aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. At the time of our inspection no one using the service was deprived of

their liberty. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care would make decisions for them in their 'best interest '. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. For example, as with the incident where a spouse who lived with a person who had to go into hospital during our inspection.

New staff underwent induction training and were assessed before carrying out work unsupervised. This induction met with nationally recognised standards. There was a period of shadowing more experienced staff until new staff were signed off as being competent.

Staff received regular monitoring and support. A matrix indicated which staff were due what, such as appraisal yearly, one to one supervision and spot checks every six months to monitor on-going competencies. These processes gave staff an opportunity to discuss their performance and identify any further training they required. If some staff received additional supervision due to an issue, actions were completed.

People were supported at mealtimes to access food and drink of their choice. Care plans stated what drinks and snacks people liked and how to present them. Much of the food preparation at mealtimes had been completed by family members and staff were sometimes required to reheat and ensure meals were accessible to people who used the service. Staff had received training in food hygiene and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. One person said "They always ask if there's anything else they can do for me before they leave".

We were told by people using the service and their relatives most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs. This

Is the service effective?

happened during our inspection and was dealt with effectively with the care worker who had identified the need for more urgent health care staying with the person and contacting their relatives immediately.

Is the service caring?

Our findings

People spoke very highly of the quality of care provided by the care workers and spoke with affection of the difference the workers make to their lives. Staff were dedicated and committed to the welfare of their clients. Both staff and clients appreciated the stability of having 'regulars'. Most people had 'regulars' whose visits they looked forward to, and no-one had any complaints about any of the care provided.

One relative said "I'm more than pleased, I've no complaints whatsoever, they're all brilliant". People's comments included "They're excellent (the staff) I have three different girls and they're all absolutely brilliant" and "I'm very happy with them and they're all lovely." One person commented "They're all good. My only complaint is that they won't do belly dancing, mind it'd give me a heart attack if they did!" Another relative said "The carers have been excellent. They've worked well in helping my mother to accept personal care. Two carers who are her regulars can now wash her and I've got confidence in the regulars but the stand-ins aren't so good for someone with dementia." However, people also accepted that care workers had to have days off. Everyone said their carers treated them respectfully and kindly.

The majority of people who received personal care from Prestige Nursing Exeter had capacity to make their own decisions at the time of our inspection. People felt involved in their care decisions and were asked at the beginning of their care what and how they would like to be cared for. Assessments were detailed and recorded people's preferences. People felt care workers and office staff gave them clear explanations about aspects of care such as safe manual handling. Records showed the manager visited people to explain complex care decisions and met them face to face.

Everyone described their care workers with affection and respect telling us how much they felt they were treated well and affectionately. One person said "The carers are very patient with me." The care workers were equally fond of the people they supported and showed this by speaking warmly about them. There were examples where staff had gone beyond the tasks set out on people's care plans to ensure people were happy. For example, staff had helped one person to get their hair done at the hairdressers. They had walked with the person who was anxious and stayed with them in the salon to give them confidence.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people as much privacy as possible whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Care plans re-iterated the importance of maintaining people's dignity. One plan had a risk assessment for staff to avoid standing in areas where there was cigarette smoke so their uniforms would not have an odour for other visits.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. For example, one person liked to have a shower but staff ensured they did not get their hair wet which was included in the care plan.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One person had been visited in hospital by the manager and the Community Healthcare (CHC) team to assess their needs on discharge. One person who had just started using the service said staff had come to visit them and gone through exactly what they wanted and what their individual needs were. Care plans were regularly updated showing what tasks staff were to do on each visit. One care plan had been taken back to the office by the care worker for updating and would be brought back for the next visit.

Care plans were detailed and personalised such as "(Person's name) will sit in the shower chair for her wash and then she likes to go back to their bedroom to get dressed." Another care plan informed staff about on-going mental health issues and how this affected the person for staff to take into account when visiting. Another plan gave clear details about what to do if the person did not answer the door, for example, ring the office before attempting to use the back door and the office will ring the person first."

Daily care records were meaningful and related to the tasks and showed staff were responsive to people's needs. For example, clear monitoring of a leg condition and what the district nurses were doing. Another plan detailed how care workers felt the person was not getting enough time for care so they contacted social services to assist them. One person often would be dressed in soiled clothes so staff documented how they persuaded them to get changed discreetly. Another care worker had seen that one person was reluctant to take their medication safely so they gently discussed the issue with the person and informed the relative and GP. A multidisciplinary meeting was held to discuss options for empowering the person. A compromise was made which enabled the person to self medicate medication which was safe for them to do.

Staff attended reviews with external health and social care professionals. They knew who was the next of kin and whether they had power of attorney to make decisions on their behalf. If so they could raise any concerns with them, increase length of visits if needs increased or obtain any items the person needed.

People using the service were aware of the formal complaint procedure, they knew the manager and office staff and felt comfortable ringing them if they had any concerns. We saw the provider's complaints process was included in information given to people when they started receiving care. There was a clear complaints system.

There was good communication with people on a regular basis and opportunities for reviews in person and over the telephone to ensure people were happy with the service. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns. Any on-call issues were clearly recorded and dealt with. One relative said they had not been asked if they were happy with a male care worker and one had arrived one day and her mother had refused the care. We fed this back to the manager who said they would ensure this was documented during assessment.

Satisfaction questionnaires were available to obtain feedback from people who used the service and actions were taken and recorded. Recent results were overall positive and people felt they received a good service.

Is the service well-led?

Our findings

People using the service and staff spoke very highly of the agency. Staff felt well supported by the manager. One staff member said "I know people have left but I want to stick with the company. The manager and care-coordinator are fantastic. I had a problem with a client a while ago and they sorted it out straight away." Staff all felt happy and spoke positively about their jobs. A new member of staff said "I've been very impressed. They're very, very thorough with the training and with making sure about everything. The quality of the trainers is very good and I have the manager's details with me on a card so I can contact her at any time".

Prestige is a national company and all systems and documents are provided from the head office. The Exeter agency was also visited by a quality assurance team from their head office. The manager said they were "very hands on" and they in turn felt well supported by the provider. There were comprehensive audit checks.

Prestige Nursing Exeter put people at the heart of their work, staff were passionate about what they did, able to go that extra mile and were supported and enjoyed their jobs. One staff member said, "I see the same clients on a daily basis and they get regular times. Some of my previous clients from another agency moved with me as they didn't want to lose me. I feel I've got full support from the management. You've only got to pick up the phone and they'll help. If a client needs something I'll ring the office for them and sort it out. I've got more support from management than I've ever had, they listen to what staff say."

The service had recently changed managers. The manager in post now told us they intended to apply for registration shortly with the Care Quality Commission (CQC). One person said "The new management's much better than before. I've no complaints now". Another person spoke of the improvement since the new manager had started. A member of staff said of the manager "They are the best manager we've had. It's all improved in the last few months. I have my regular clients and my set hours and they've stopped hassling me to take on more than I want."

People all knew the name of the manager and referred to her and to the care-coordinator as the people to speak to with any problems. The office was run in a professional way. There were good systems for rota management, accepting new clients and dealing with emergencies. The care co-ordinator for example, was very supportive when staff called the office and friendly and caring with people using the service aiming to help them as much as possible.

People were given various opportunities to comment on their care. A quality assurance survey was sent out annually to people using the service as well as regular telephone quality surveys.

Regular spot checks were carried out by the senior staff. The agency currently had an advert out for a field supervisor to assist with one to one supervisions, risk assessments and spot checks. Care plan reviews were done regularly and if there were any changes. For example, one person had been fully re-assessed before returning to the service from hospital. A meeting was then held with the regular care workers to update them and the relevant health professional was involved. There were also medication audits where medication administration charts were checked.

Staff were supported by regular training, supervisions and staff team meetings. These were recorded in a detailed and meaningful way showing any actions required. For example, staff had spoken of some health and safety issues related to one visit and the manager had taken this seriously and taken appropriate action.

Staff confirmed they had plenty of training and opportunities to progress if they wanted to. Training records were all up to date and the provider did not allow staff to work without completing full training. The manager said they loved to provide development and empowering the staff. Nationally recognised qualifications were encouraged when staff had been with the provider for 12 weeks after their probationary period. Staff spoke of initial in-house training, refresher courses and mandatory courses and e-learning. An in-house trainer was delivering a face to face session during our inspection. New staff had completed induction and mandatory training. One member of staff was starting an access to nursing course in September and felt well supported. One care worker said "It's absolutely marvellous. I had two and a half days training when I started and I've had one to one supervisions already."

One to one supervisions for staff were all up to date. There was cross reference from any complaints which triggered staff supervision or a topic to be raised in a team meeting.

Is the service well-led?

For example, managing people's use of hearing aids. Complainants also received a follow up phone call to check any actions taken had been effective. Records showed individual support for staff such as supporting anxious staff who may have lost confidence. A buddy system for staff to support each other was set up. The manager had also helped one staff member to write daily records to show what level of detail was required.

The provider underwent weekly inter-region conference calls which ensured the managers were supported by head office. For example, recent staff survey results were discussed and the results of the survey given to people using the service was the next topic. Office staff meetings were held monthly. There was good communication throughout the office team, staff and the provider using emails, text messages, newsletters and shared minutes of meetings. This all meant people received good quality care from a well organised and well led service focussing on the people using the service .