

Prestige Nursing Limited

Prestige Nursing Staffordshire

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 Services Staffordshire is a service which supports people in their own home who have complex care needs. It provides personal care for four hours or more to nine people.

Rating at last inspection

At the last inspection, in December 2014, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People continued to receive care which protected them from avoidable harm and abuse. Staff supported people's needs in a safe way, monitored risks to their safety and were available when people needed support. People's medicines were managed in a safe way and they had their medicines when they needed them.

Staff received training to give them the skills and knowledge they needed to meet people's needs. These skills were kept up to date through regular training and staff were supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and had good relationships with them. People felt involved in their own care and staff and managers listened to what they wanted. Staff respected people's privacy and dignity when they supported them. People received care and support that was individual to them.

People's support needs were kept under review and staff responded when there were changes in these needs. People had opportunities to give feedback and make complaints about the care and support they received. They also had opportunities to make suggestions for improvements at the service and these were listened to.

People felt confident to express themselves and felt comfortable to speak with staff and managers about concerns and issues that affected them. The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Prestige Nursing Staffordshire

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 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 was a comprehensive inspection, which took place on 18 May 2017 and was announced. This was because we wanted to be sure that staff were in the office.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

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

We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the service.

We spoke with two people who received a service, one relative and a case manager. We also spoke with three care workers, the recruitment consultant and the registered manager. We viewed three people's care and medicine records. We also viewed other records relating to the management of the service.

Is the service safe?

Our findings

People continued to be protected from abuse and discrimination. Those we spoke with told us they felt safe with the staff that supported them. One person said, "Yes, I'm safe with staff. The member of staff that supports me is trustworthy." Staff had received training in how to keep people safe and protect them from abuse. They understood how to respond to concerns and who to contact to ensure people remained safe. The registered manager understood their responsibilities in reporting and dealing with concerns. Our records showed that where an allegation of abuse had been reported the provider took the appropriate action. They followed local authority safeguarding procedures and notified CQC as required.

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. The support people needed was provided in a way that enabled them to live their lives safely and maintain their independence.

Clear plans were in place to ensure people were protected from risk both within their own home and when out in the community with support staff. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. People were supported safely and their needs met by sufficient numbers of staff. People told us that staff always arrived on time and stayed for the allotted time. The service used an electronic monitoring system to be informed of staff arrival and departure from a person's house. Staff worked flexibly to ensure people attended pre-arranged appointments and social engagements.

We spoke with one recently recruited staff member about the checks the provider had completed before they started work. They confirmed the provider had requested their previous employers to provide references for them. They told us they were not allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people who lived at home. These checks are called disclosure and barring service checks. We were shown the electronic records regarding recruitment that showed the system was very thorough. The registered manager said, "People are given a copy of the staff profile which is discussed with them. They then decided if they wish to 'meet and greet' the individual for suitability before anyone started to work with them.

People's medicines continued to be managed safely. Staff checked each person's medicines with their individual records before administering them and records were completed correctly. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

Is the service effective?

Our findings

One relative said, "The team is the wider family. I am going away for the first time and I am not worried because (person) has a good team." People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. People told us they thought staff knew what they were doing and that they understood how to support them. Staff told us they received training and support that was specific to the people they supported and their individual needs.

Staff had received training which helped them to understand and support people with their complex care needs. For example, physical disabilities, mental health needs, wheelchair skills and working in a person centred way. Staff told us they had plenty of opportunities to attend training and understood how developing their skills benefitted people living in their own home. For example, the registered manager told us how one person's relative had been enabled to go out more. This was due to staff being trained to administer the medicine that the person required. This also enabled the relative to have more quality time with the person. One staff member said, "Our training helped me to build a good rapport with (person) and to meet their psychological needs well." Another told us that they received training to assist people manage their anxieties and emotions in order to keep them safe.

Staff told us they had opportunities to reflect on their practice and debrief after incidents through regular one to one meetings with line managers. They told us that during these meetings they received feedback on their practice and discussed their training requirements.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service took the required action to protect people's rights and ensure people received the care and support they needed.

People told us staff ensured they had their permission before they supported them with anything. Staff we spoke with understood the importance of obtaining people's consent. The registered manager understood their responsibilities in monitoring people's ability to give informed consent in line with the MCA.

People were supported to have enough food and drink and were encouraged to eat a well-balanced diet. People continued to be supported by staff to maintain good health. They had access to healthcare services when they needed them, such as community physiotherapy and referrals were made in a timely manner. Staff supported people to visit their doctors, consultants and other professionals. Their on-going medical conditions, such as diabetes, were monitored appropriately.

Is the service caring?

Our findings

People continued to be supported by staff they had positive relationships with. One person said, "All staff are nice to me, they are good to me and help me a great deal." Another person said, "I like the people who care for me, they are very nice and caring. We enjoy our time together and have a laugh too."

The registered manager told us that a relative liked to work with new staff and be involved in (person's) care. The relative considered they were more comfortable with this arrangement. Staff paid attention to people's diverse needs. Staff described how they worked with people from an ethnic minority background. They engaged with the extended family, with the person's permission, and gradually worked with them to introduce the concept of external care provision. This helped them accept care into the family unit.

People expressed their wishes and opinions about the care and support they wanted and needed. They told us they felt they were listened to by staff and they felt involved in their own care. They told us the reviews they had were led by them and focused on what was important for them. One person said, "I get my one to one time and that is important to me".

Staff respected people's dignity and privacy. They described how they approached someone while helping them with personal care. People were encouraged to maintain their independence as much as they were able to. One case manager explained that staff had supported (person) to move to a more independent setting.

Is the service responsive?

Our findings

People continued to receive care and support that was individual to them. They said staff asked them about how they wished to be supported to meet their personal and social care needs and they felt staff knew them and their wishes well. One person said, "I get the support I want and they are flexible too. I really enjoyed my first visit." Staff encouraged people to maintain their interests and links with their local community where it was part of the support they received.

Where people's needs changed staff took action to make sure people still received personalised care. People, staff and healthcare professionals were involved in reviewing people's needs. One relative told us (person) saw the physiotherapist to work on their mobility.

People told us if they had any complaints or concerns they would speak up and let staff know. One person said, "I can go to my staff or the office." People were encouraged to give their opinions on the care and support they received and told us they were listened to. There was a complaints procedure in place, which people had access to although they preferred to speak directly with staff and managers. Staff told us the one to one time they spent with people was an opportunity for them to express their opinions about their experience of the support they received.

Is the service well-led?

Our findings

People continued to be involved in their service. One person told us about the feedback forms they completed regularly. These had been introduced to enable people to feedback on their ideas for improvements at the service. One relative told us that the registered manager listened to them when they made a suggestion about (person's) care.

The ethos of the staff and management was one of working in partnership with parents, relatives and carers. Staff described how they felt their work was rewarding. One staff said, "The support and training the management provides has enabled me to have the confidence to build a rapport with people I support

People told us they felt able to talk openly with the staff and management. One person said, "I like the manager. They always sort things out. They make me happy and make sure I'm not upset about anything." Staff told us the registered manager was involved in the daily routines of their care and knew what happened on a day to day basis.

Staff felt supported by the registered manager and one staff member told us, "Anything, literally anything we can go and chat with the manager about. They never make us feel we're bothering them." Another said, "We have a good manager who listens and values us as people, not just employees." One health professional commented, "There has been a complete turnaround at this agency. There is a great team and the registered manager is a credit to them. They are a positive team with vision to take the standard of care to its highest level."

Quality monitoring systems were in place which assessed and monitored the quality of service provided. The provider's quality team completed internal checks to drive improvement. The provider is required to 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. At this inspection the registered manager was present throughout.