

DHP Care Limited

# Prestige Nursing North Manchester

## 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 North Manchester is a provider of nursing and domiciliary support to approximately 80 people living in their own homes. At the last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Effective safeguarding systems were in place, recruitment was robust and staffing levels appropriate to meet people's needs.

Risk assessments were detailed and up to date. Assessments were thorough, and care and support files included appropriate information.

Health and safety measures were in place and medicines systems were appropriate and effective.

There was a comprehensive staff induction, on-going training, supervisions and appraisals. Confidentiality and data protection systems were in place. The service promoted advocacy when appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect and were encouraged to become as independent as possible. The service was committed to the principles of equality and diversity.

People told us the service was flexible and reliable. People were encouraged to pursue education, employment and leisure activities. People were fully involved in their care plans which were person-centred. Reviews of support were carried out regularly.

All information from the service could be produced in other forms, such as large print, braille, preferred language or in cassette form to make it as accessible as possible to all.

There was an up to date complaints procedure and complaints were addressed appropriately.

Health and social care professionals spoke highly of the service. The management team was stable and relatives, staff and other professionals described them as approachable.

Staff were well supported and relatives told us they could always contact someone if they needed assistance. Quality monitoring systems were robust and we saw evidence of excellent partnership working.

The service had good links with the local community and sponsored a number of local events to help raise money for and awareness of brain injuries.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Prestige Nursing North Manchester

## **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 was a comprehensive inspection which took place on 6 November 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. No concerns were raised about the service.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, company director and three members of support staff. We were unable to speak with people who used the service due to the nature of their disabilities. We spoke with four relatives and contacted a further five via e mail to gain their views. We contacted five health and social care professionals. All the feedback we received was positive.

We looked at records including nine risk assessment and support plans, five staff files, policies and procedures, training records, health and safety records, audits and meeting minutes.

## Is the service safe?

### Our findings

In order to help people who used the service to remain safe, staff undertook mandatory safeguarding training on induction and regular refresher training thereafter. There was an up to date safeguarding policy and procedure with details of the local safeguarding teams. The service also had a contact sheet for the local safeguarding teams on the wall at the office. Staff we spoke with demonstrated a good understanding of the issues and were confident in how to report a concern. There was also a whistle blowing policy and staff told us they would not hesitate to report any poor practice they may witness.

There was a robust recruitment and selection policy and staff were recruited via a number of methods, including job fairs, online websites, on-going advertising campaigns and refer a friend schemes. The service tried to recruit from the local community where possible to help reflect their client group in terms of background, language and culture. Recruitment checks were robust and the staff files we looked at included a photograph of the person, application form, interview notes, two references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks were renewed every year for existing staff. The service was now using an electronic system, rather than paper files for new staff. Information was uploaded and double checked at the head office to ensure no documents had been missed, helping ensure safe recruitment.

Staff rotas were issued on a weekly basis and there was a low staff turnover, which helped provide continuity for people who used the service and sufficient staff to meet people's needs. Staff were supported by an on-call service which was available for help and advice 24/7. The service was trialling a new electronic call monitoring system which would check staff in and out of calls and send an alert to the office if there were missed or late calls. This would help ensure a better service for people as any issues could be responded to in a timely way.

The service specialised in providing care to individuals with a brain and/or spinal cord injury. This meant that the people who used the service had a high level of risk due to their complex medical and behavioural needs. We saw very detailed risk assessments within the care files which were updated on a six-monthly basis or as changes occurred. These related to issues such as choking, mobility, nutrition and hydration, use of equipment and behaviour that challenged. Control measures to address these risks were clearly documented.

The service had an appropriate health and safety policy and environmental risk assessments were completed where required. Within the office there was a health and safety book and we saw that monthly fire equipment tests and annual fire drills were carried out. There was an up to date electrical safety certificate and equipment testing was carried out regularly. Accident and incident reports were completed where required and we saw that actions were followed up.

Medicines were managed safely. The service had a medicines policy in place, which included information about administration, storage and disposal of medicines. There was guidance on the management of errors, medicines taken as and when required (PRN) and controlled drugs. Controlled drugs (CDs) are prescription

medicines subject to controls under the Misuse of Drugs legislation. All staff undertook training in medicines administration and Medicines Administration Records (MAR) were regularly reviewed by the management team.

There was an infection control policy in place and training for staff in this area. Personal Protective Equipment (PPE) such as plastic gloves and aprons, were supplied to staff for use when delivering personal care. There were cleaning rotas in the homes of the people supported.

## Is the service effective?

### Our findings

Assessments for people wanting to use the service were extremely thorough and comprehensive. These could be undertaken over a matter of weeks or even months. Support workers often worked alongside other professionals such as nurses and occupational therapists and undertook specialist training. This helped ensure they were able to provide the level and standard of support required by each individual.

We looked at nine care and support files and these included general information, a full medical history, whether or not the family carer also needed support, equipment required and very detailed care plans and risk assessments specific to each individual. There was evidence of good partnership working with other agencies such as occupational therapy, speech and language therapy (SALT) and dieticians. For example, following a review, we saw that a moving and handling risk assessment had been updated in partnership with other agencies and a postural management programme implemented.

There was good information about people's nutritional and hydration requirements and clear guidance for staff around these issues. For example, there were instances where fluid intake was to be recorded, a soft diet taken or adapted cutlery used. There was guidance around how the person should sit and how to assist to provide the best environment and circumstances to encourage a good dietary intake.

We saw evidence of a comprehensive staff induction, helping ensure staff were fully skilled prior to commencing work. The induction included orientation to the service and policies and procedures, mandatory training, shadowing and competence checks. There was also a client specific induction to ensure the new staff member was aware of their individual needs and preferences. Staff we spoke with told us they felt their induction had been thorough.

A good training programme was in place, with mandatory training updated regularly and client specific training being delivered as required. This helped ensure staff's skills remained up to standard. Staff we spoke with felt there were lots of opportunities to access training and said training was a high priority within the service. We saw that classroom training for complex care was offered, including working with tracheostomy, medication epilepsy and percutaneous endoscopic gastrostomy (PEG) feeds, where individuals received food through a tube into their stomach. Staff had also undertaken training in brain injury.

We saw supervision notes for five staff and these were comprehensive and included discussions around roles and responsibilities, communication and relationships, working practices, safeguarding and training. There were knowledge checks and additional comments within the notes and all were signed and dated as required. Annual appraisals, where staff could reflect on the previous year, plan for the year ahead and identify training and development needs were undertaken.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that they were. Care files included information about people's cognitive abilities and mental capacity. Consent to care and information sharing was signed for or verbally agreed to by the person who used the service or their representative. Staff we spoke with demonstrated a good understanding of the principles of the MCA. People who had capacity were respected to make their own decisions and we saw an example of this within a care file, where a person had chosen to follow a diet, not recommended by the professionals involved, because it was their preference. This decision was documented and their wishes respected. Staff were able to give examples of best interests decision making.

## Is the service caring?

### Our findings

Relatives were positive about the care their loved ones received. One person we spoke with told us, "Staff are very good and reliable". Other comments included, "[Relative] likes staff, no issues"; "Communication is really good between ourselves and the service"; "Staff are excellent"; "The girls are absolutely fantastic". Staff members we spoke with said they enjoyed their jobs. One told us, "It is the right fit for me. I am happy here".

We saw from the records that the service endeavoured to ensure people who used the service had consistency, via a reliable care team. Staff were introduced to the individual in a structured and patient way to allow relationships to develop and people who used the service had some choice in the staff they were supported by.

One of the aims of the service was to rehabilitate people to become as independent and self-sufficient as possible and outcomes for many people who used the service had been successful. One person, who had previously been unable to speak and very dependent had written to the service to thank them for the positive outcome.

The service had a clear policy on equality and diversity and were committed to treating everyone with respect and without discrimination. Equality and diversity training was delivered to staff and those we spoke with demonstrated a commitment to this ethos.

Dignity in care training was also delivered to staff and people we spoke with were positive about how respectful staff were. One person said, "Staff treat [relative] with respect, always". Another told us, "[Relative] is always treated with respect and care" and a third commented, "They treat [person] with absolute respect".

There was an up to date policy around confidentiality and data protection and training around handling information was given to staff. The company had decided to go paperless to enhance the protection of people's confidential information, following new legislation in this area. This process had begun and was currently on-going.

We saw that people had been involved in their care and support planning and reviews of care. There were regular meetings, involving the support team, the person who used the service, relatives and other professionals, where relevant.

There was a service user guide which included information about staff, objectives, services, contact in and out of hours, service user rights, standards and behaviour of staff. The complaints procedure was outlined within the guide as well as the confidentiality and data protection policy. The guide also included useful addresses and contact numbers for other agencies, such as the local authority and the Care Quality Commission.

The service promoted and encouraged advocacy wherever this was required by people who used the service.

## Is the service responsive?

### Our findings

Relatives we spoke with told us the service was very responsive and flexible. Comments included, "They respond to anything we ask"; "They are flexible and make changes when needed"; They update the paperwork regularly and we meet up as needed".

Care files included a section entitled 'About Myself'. This included living arrangements, likes and dislikes, outcomes the person wanted to achieve, what was working well and needed to continue and what needed to change. We saw that people had been fully involved in completing this document.

Activities were led by the person using the service and included leisure activities, education and employment, helping people integrate into the wider community. Activities included attending play centres with younger individuals, accompanying people to nightclubs, theatre, museums and cinemas, cycling, arts and crafts, assisting with cooking skills and supporting attendance at various community groups. One older person who used the service was supported to attend 'Men in Sheds', a scheme where men could connect with each other in a community space to reduce isolation, have conversations and pursue hobbies, such as woodwork, safely.

The service was flexible and responsive, not sticking rigidly to routines, but working around people's changing needs. People who used the service were able to request specific staff for particular shifts so that they could enjoy mutual interests together. We saw that the service endeavoured to tailor care to people's unique needs. For example, one person whose first language was not English was supported by a team who all spoke their first language. This helped make their experience of support positive and comfortable.

All information produced by the service could be produced in other forms, such as large print, braille, preferred language or in cassette form. This was clearly stated on publications such as the service user guide.

Reviews of support were carried out regularly by monthly telephone calls, three monthly visits to people who used the service and regular meetings with the whole support team. We saw that other professionals were invited to these meetings, where agreed and relevant, to help ensure joined up care.

The service responded appropriately to complaints. They had an up to date complaints procedure and four complaints had been received over the last year. These had been analysed for themes, but were all different. All had been addressed appropriately. A relative we spoke with said, "I have no complaints. I once made a complaint and they were very prompt to take action".

We saw a number of compliments received by the service. Comments included, "I owe all of you more than I can repay"; "Thank you so much for all your help at the weekend"; "You have been wonderful in supporting [person] and her family".

Staff had undertaken classroom-based training in care of the dying. This was an area the service wished to

explore further to help ensure people nearing the end of their life would receive the support they wanted.

## Is the service well-led?

### Our findings

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. There was an experienced registered manager at the service.

The local NHS service told us "They [the service] have always been responsive to requests for information and supportive of Multi-Disciplinary Team meetings (MDTs) and complex decision-making meetings. The staff are very professional and the clinical skills are exemplary. Record-keeping and risk assessment are of the highest order. Prestige are involved with some very challenging care packages and we have been very happy with their support". A health and social care professional we contacted said, "Prestige Nursing provide an excellent service. They are efficient at sourcing and providing experienced competent support staff and registered nurses to support complex challenging cases in the community. They maintain good communication".

The management team at the service was stable and relatives, staff and other professionals described them as approachable. All policies and procedures were kept up to date and information was disseminated via email and the company intranet. New staff members, such as a paediatric nurse, had been recruited to help ensure a wide variety of expertise and experience amongst the staff. The service was also looking to recruit an admiral nurse to enhance their dementia services. The managers were kept up to date with changes to legislation, new guidelines and good practice via their head office.

Staff were well supported, with regular supervisions and team meetings and encouragement to perform well via incentives such as carer of the month and year. Staff winning these awards were rewarded with an outing each year to celebrate their achievement. All staff had access to a telephone counselling service which also offered face to face meetings. Staff we spoke with felt very well supported. Comments included, "Extremely good support. I can't praise them enough. If I raise a concern it will get sorted"; "It's like a breath of fresh air working here", "Management are very supportive with the team. Always friendly", and, "You can always contact out of hours by phone, they are really supportive".

Relatives we spoke with told us they could always contact someone if they needed assistance. One person said, "There's an out of hours number so we can always contact someone, we are never left without help". Another told us, "If I send an e mail they always respond" and a third said, "They are easy to get hold of".

The service was looking to set up a number of customer focus groups to ensure continual improvement to service delivery. Annual surveys were sent out to staff and people who used the service and we saw the results of the most recent one, which were positive in all areas. Comments from people who used the service included, "There has been an occasion where the care provided has required improvement. My care team have assessed my needs, changed and improved my plan so that I now feel safe and well at home". This demonstrated the service's responsiveness and commitment to continual improvement.

Quality was monitored by various methods including regular staff competency checks, audits of documentation, medicines audits, regular telephone and face to face discussions with people who used the service. Complaints and compliments, accidents and incidents and safeguarding concerns were monitored for themes and patterns. Annual audits and monthly spot checks were completed by Head Office and external audits were also undertaken.

We saw evidence of excellent partnership working with regular multi-disciplinary team (MDT) meetings with a range of other professionals, where the service took on board advice and guidance to help ensure the best care for each individual. Three branch nurses oversaw complex care packages and conducted sign-offs of training for support staff, helping ensure safety, correct use of equipment and proper administration of medications.

Representatives from the management team attended conferences and events throughout the year with expert speakers in areas such as brain injury, spinal injury and neuro-rehabilitation. They also sponsored events. For example, in March 2018 they were the key sponsor of the Cornflower Ball in Manchester, an annual event with over 300 attendees, organised by the Spinal Injury Association to raise money and awareness. The service had also sponsored the North West Brain Injury forum for the last four years, where professionals working with brain injury meet on a quarterly basis to network and exchange ideas and best practice. The service had previously bought football kits for a local brain injury football team and encouraged their own service users to participate. They had sponsored the JMW (Solicitors) glitter ball in aid of child brain injury trust and had attended various exhibitions including Kidz Up North, Accessible Festival and Child Brain Injury Trust (CBIT). The service was currently looking at employing a community care manager whose role would be to spend 90% of their time working with charities and community support groups.