

Prestige Nursing Limited

Prestige Nursing Ilford

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

This inspection took place on 8 November 2016 and was announced. It was the first inspection since the service was registered with us in June 2016.

There was 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.

Prestige Nursing Ilford provides personal care to people living in their own homes in different boroughs around the London area. At the time of our visit, they were providing personal care to 17 people. The service had 35 staff in their employment.

People and their relatives were satisfied with the service they received and commented staff were kind and caring and treated them respect. People felt safe when staff were around. All staff had undertaken training in safeguarding adults and children. They were able to describe what actions they would take if they suspected abuse.

The provider had risk assessments in place. Records showed risks to people had been identified, assessed and were reviewed on a regular basis.

We found people received their medicines when they needed them and the provider managed medicines safely and appropriately. People were supported to eat and drink enough to help keep them healthy. Staff understood people's food preferences and acted in accordance with their wishes.

Staff received regular training and supervision and they felt supported by the registered manager. There were systems in place to ensure staffing levels were appropriate to the needs of people using the service. The provider had an effective recruitment procedure to ensure only suitably qualified and experienced staff were employed.

The registered manager and staff understood the principles of the Mental Capacity Act 2005. They knew how to support people if they lacked capacity to make decisions and who to involve.

People and their relatives commented positively about the care and support which were provided by staff. We saw complaints were handled in a professional manner, and any concerns noted and responded to promptly.

People and their relatives told us they had been involved in the assessment and care planning process. People received care which met their needs, choices and preferences. Staff had good knowledge of the people they supported and they encouraged people's independence. They were clear about their roles and

responsibilities and worked as a team.

We found care plans identified people's needs and staff supported them in a person centred way. They were supported to maintain their health and wellbeing and had access to a variety of healthcare professionals when needed or requested.

The registered manager had an open, supportive and transparent culture and people felt they were listened to. They had a number of systems in place to monitor the quality of the service provided and also carried regular audits. Staff had access to policies and procedures to inform and guide them in their roles.

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. There were safeguarding policies and procedures in place to protect people from possible harm.

Risk assessments had been completed and staff were trained to support people safely. Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service. There were sufficient numbers of staff working for the service.

Medicines were managed safely. People received their medicines when they needed them and as prescribed by the GPs.

Is the service effective?

Good ●

The service was effective. Staff had the appropriate knowledge and skills to provide care and support to people. There was an on-going training programme for staff.

People's care records detailed their ability to make decisions about their lives. Staff understood the requirements of the Mental Capacity Act (MCA) 2005.

People were supported with their daily nutritional needs when this was needed and had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring. People had good relationships with staff and their privacy and dignity was respected.

People and/or their representatives were involved in planning and reviewing their care plans.

People were encouraged to be independent and staff respected their wishes.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed prior to receiving a service and were regularly reviewed. Staff knew people's routines and provided the support they needed in the way they preferred.

People had access to information advising them how they could raise concerns if they were unhappy with any aspect of the service.

Is the service well-led?

Good ●

The service was well-led. The service had a registered manager in post. Staff told us they felt supported by them.

People and staff spoke positively about how the service was run. The service was structured around the needs of the people using it and was able to adapt to their changing needs.

The management team ensured a robust auditing process was in place. People and their relatives were encouraged to provide feedback on the quality of their care and this was acted on.

Prestige Nursing Ilford

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 inspection took place on 8 November 2016 and was announced. The registered manager was given 24 hours' notice because the location provides a domiciliary care service. This was to ensure members of the management team were available to talk to. The visit was carried out by one inspector.

Before the inspection, we reviewed all information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. A notification is information about important events which the registered provider is required to send to us by law. We reviewed the notifications the registered manager had sent us. We had also requested information from the local authority to gain their feedback on the quality of care and support provided to people.

During the inspection, we looked at four people's care records and four staff files and records associated with the quality and safety of the service. These included staff training, policies and procedures, accident and incident records, compliments and complaints, staff meeting minutes and quality checks including the local authority contract monitoring report. We spoke with the registered manager and the care coordinator.

After the inspection we spoke with two people using the service, three relatives and four members of staff to obtain their views of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One relative told us, "I am happy with the agency and [person] has not said anything about the carers that see them. Yes they do feel safe, otherwise they would not use the agency." One person said, "The girls [staff] are very good, I do feel safe when they come to see me."

The provider had safeguarding policies and procedures in place. These advised staff on what to do if they had concerns about the welfare of any of the people they were providing care and support to. Staff were trained in safeguarding adults as well as children and received regular updates so they knew how to protect people. Staff were aware of their role and responsibilities in raising concerns with the management team and the role of external agencies. They understood how to protect people from the risk of abuse and had clear understanding of safeguarding procedures. One staff member told us, "I will contact the registered manager if I have a concern about somebody." Another staff member described to us what action they would take if they think a person was being abused financially. Staff were able to describe the type of abuse and the signs to look for. For example if someone had unexplained bruising on them or a change in usual behaviour for no apparent or obvious reason.

We saw information on display in the registered manager's office which provided advice for staff as to the action they should take in the event they had any safeguarding concerns. Information was able available to people who used the service as well as to their representatives. We found the registered manager understood their responsibilities to protect people and had reported concerns they had to the local authority in order to protect people from harm.

The provider also had a whistle blowing policy and procedure in place. A whistle blower is a person who raises a concern about a wrongdoing in their workplace. Staff were aware of the whistle blowing policy and told us they would not hesitate to report if they witnessed any wrongdoing at work. They felt they would be treated fairly or would not lose their job because they had 'blow the whistle'. They told us they felt confident to report any concerns to the office and/or to other relevant authorities.

People were supported by staff who understood how to provide safe care and reduce risks. The registered manager carried out a detailed risk assessment to ensure people received care and support as safe as possible. This was recorded in people's care plans. For example, some people were at risk due to their physical health or their medical conditions such as epilepsy or diabetes and they had a risk assessment in place. Other people had risk assessments around moving and handling as they needed help to transfer or mobilise. We saw risk assessments were very detailed and gave staff clear guidance on how to support people safely. Risk assessments were reviewed regularly to ensure they were still relevant. For example one person told us, "When I came out of hospital I needed a lot of help, I am now ok and need minimal support." We noted the registered manager had also carried out an environmental risk assessment of people's homes which ensured information was available to staff for minimising risks and hazards when they were working in people's homes.

The service provided care to some people with complex needs. Staff were aware of the risks to those people and were able to describe the actions they took to manage and mitigate them. One staff member told us, "If I see something is not right with the service user, I will contact the office to let them know." The staff member was talking about risk to people they looked after. Staff were able to describe the actions they took, in making sure people were safe. The service had detailed and person-focused risk assessments based on individual need. This helped to ensure people were receiving safe care and support.

The provider had an effective recruitment procedure to ensure suitably qualified and experienced staff were employed. We reviewed staff files to check the registered provider had followed safe and effective recruitment procedures. We found relevant checks had been completed before staff worked at the service. Staff files included application forms, copies of passport or driving licence, references, health checks and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service (DBS) checks help employers make safer recruitment decisions and prevent unsuitable staff from working with people who need support, including children. We positively noted the provider applying for a new DBS for each staff member every year. Other checks included obtaining proof of staff home addresses and their right to work in the United Kingdom.

Staff were required to have appropriate car insurance for business use where they used their car in connection with their work. The registered manager followed a checklist, which addressed all of the areas they needed to check when recruiting a new staff member. All staff had one on their files and these were monitored regularly to ensure staff were still suitable to work for the service. All this meant people could be confident staff had undergone a recruitment process which ensured they were suitable to work with them.

There were sufficient numbers of staff available to meet the needs of the people. The registered manager explained staffing numbers were determined by the needs of people and their routines. Some people were visited on a daily basis whereas others had 24 hours care and support. We looked at the staff rotas for over a four weeks period and noted people were visited by the same staff or group of staff. This helped people to receive care and support from staff who knew them well and also promoted consistency. One person told us, "The same carer comes to see me." A relative said, "If the regular carer is on leave then we have another carer that comes in, but it will be somebody who we know." People and their relatives told us they felt there were enough staff around and never had a missed call. If staff were running for any reason, they would be informed. We saw staff rotas were planned in advance and this helped the registered manager to cover any sickness or annual leave. People and their relatives told us staff stayed for the duration of the time they expected and they did not feel rushed.

The provider had comprehensive policies to deal with incidents and accidents. The registered manager investigated any incidents and accidents and put steps in place to prevent them from happening again. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Some people managed and administered their own medicines whilst others needed support from staff. We looked at some completed medicines records which were in people's folder in the office and found they had been signed by staff to indicate people had taken their medicine. People's care plans had information as to the medicines people were prescribed. Staff had received training on the management of medicines. They received regular updates to ensure their practice was up to date and safe. The registered manager regularly audited the medicines records to ensure they were completed correctly and to make sure that people received their medicines when they needed them.

Is the service effective?

Our findings

People and their representatives felt staff had the skills and experience to provide the care and support they needed. One person said, "They [staff] know what they are doing." A relative told us, "I am happy with the way they looked after my family member."

We looked at the records of staff training which showed staff had received extensive training in a wide range of topics. Areas covered included how to manage challenging behaviour, food hygiene, infection control, risk assessment, principles of care and the Mental Capacity Act 2005. We noted staff had also received specific training to meet the needs of the people they supported for example how to care for people who was having an allergic reaction. Staff commented the training was good and helped them in their roles. They said they could ask for additional training if they knew that they might need to care for a person who had a certain medical condition such as epilepsy. We saw training certificates in the staff files we looked at and these confirmed staff had undertaken regular training. The registered manager monitored the staff training closely and was aware which staff needed to update themselves. This helped to make sure staff updated their skills in a timely manner.

We saw evidence staff had completed a detailed induction when they started working for the service. The registered manager informed us they only recruited staff who had at least six months experience in the caring sector and who had been actively working for a service previously. Staff files we sampled confirm this. This helped during the induction process as they already had experience in caring and supporting people.

We looked at staff files and found staff had received supervision and an appraisal over the past year. Staff told us they received regular supervision and this helped to ensure the care and support they provided to people was to a good standard. We saw staff received on-site supervision (spot checks) whilst they provided care to people in their homes. This helped the registered manager to continually monitor and review staff performance and attitude towards people using the service. We saw during supervision sessions staff were given the opportunity to talk about people they were caring for and any training they would like to undertake. They were also informed of training they needed to refresh on.

Staff also received an annual appraisal where their performance was reviewed. Staff completed a self-appraisal prior to the meeting and this helped them to prepare for their appraisals and to discuss any concerns they might have. During the appraisal meetings the registered manager discussed the staff's individual strengths and identified any areas where they needed to development. This showed the registered manager monitored staff performance to ensure people were cared for by staff who were competent in their roles.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found no restrictions in place. The registered manager monitored people's mental capacity to ensure that they were able to make appropriate decisions and where needed, supported them to do so. They understood the principles of the MCA and the importance of making decisions for people who lacked capacity in their best interests by liaising with people's representatives and other relevant professionals.

We noted all staff had received training in MCA and on what a deprivation of liberty meant. Staff were aware of what to do to ensure people's rights were protected. This involved supporting people to make decisions for example of what they would like to wear or to eat. They would support people to make choices if the person had capacity and would act in their best interests if they were unable to do so. One person said, "The carers always ask me before they do anything." One relative told us, "They [staff] always check if [person] is happy before they help [person]." One member of staff said, "If I feel that someone is having difficulty deciding, and if this was not normal for this client, I will inform the office so the manager can take action. It may be the person is not well, or it may be something else."

Staff supported people to ensure they ate and drank adequate amounts where this was part of the care plan. Some people needed help with eating and drinking whilst others were independent. People had choices regarding what and when they ate. Staff prepared food according to people's needs and wishes. For example one person liked eating culturally appropriate food for them and this was noted in their care plan. Staff encouraged people to eat healthily and made sure they prepared their meals in a way people enjoyed them. They knew what people liked to eat.

Staff were aware of the nutritional risks for some people as they could not eat or drink enough. In these situations they monitored what people ate and drank at every meal so that action could be taken when concerns were identified. We saw the daily notes completed by staff included information about people's dietary intake. We noted two people were on Percutaneous endoscopic gastrostomy (PEG) feed. PEG feeding is used where people cannot maintain adequate nutrition with oral intake and people receive specially formulated nutrition through a tube into their stomach. The registered manager worked closely with the dietitian to ensure people's nutritional needs were met. Staff were trained in how to support people who were PEG feed and had their competence regularly monitored by a nurse who was employed by the provider.

The registered manager had regular contact with other health and social care professionals to ensure people's needs were met fully. For example staff who were caring for one person were having difficulty transferring the person as their bed was low. The registered manager spoke to the relevant agencies and a new medical bed was delivered and this helped to transfer the person much easier.

Some people attended their health appointments independently and other were supported to attend for example GP and other health appointments as they requested. People and their representatives told us they received the healthcare support they needed. One relative told us the registered manager kept them informed of any changes to their family member's health. The registered manager monitored people's health needs to ensure the care and support provided was effective. They kept staff informed of any changes in people's health so they could respond accordingly.

Is the service caring?

Our findings

People and their representatives commented positively about the service provided. A person said, "The carers are marvellous." Another person said that, "They [staff] are very kind and helpful."

Staff always ensured people knew what they were going to do. They took time to explain to people and ensure they understood what they were saying before undertaking any care task. This was important as the registered manager informed us that some people using the service had limited verbal communication skills. For example one person used pen and paper to communicate with the staff and their relatives.

People were encouraged and supported to do as much for themselves as possible so they maintained and developed their independence. Staff offered them support as and when they needed it. For example by helping them to prepare their meals or to make a drink for themselves. One staff member told us, "I encourage the clients to wash their face if they are able to do so." One person said, "I needed more support when I came out of hospital, but now I am better and can do a lot of things for myself. The carers come and help me with stuff I need help with."

People were offered advocacy services if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager informed us that no one using the service had an advocate at the time of the inspection.

We saw people's confidential information was kept secure in locked cabinets within a locked room at the agency's offices and was accessible to people authorised to do so. We found staff were aware of their responsibilities to maintain people's confidentiality. Staff understood not to discuss about people in public places or disclose information to people who did not need to know.

Staff treated people with respect and showed them both dignity and privacy when supporting them. They were able to tell us how they would maintain a person privacy and dignity when assisting them with personal care. This included closing curtains and door and asking the person's permission first. This meant staff were aware they needed to promote the privacy and dignity of people they assisted. Staff told us they always knocked at people's door before they entered their rooms even if the person knew they were coming in.

Staff had good relationships with the people who they cared for. A relative said "The carers are fantastic, yes, I am very happy with them." One person told us, "I get on very well with the carers and we do have a chit chat." Staff had a good understanding of the people they were caring for as well as their families. As they worked with the same person for most of the time, they got to know them very well. This helped people to receive the care and support they wished as the staff were knowledgeable about their needs.

Is the service responsive?

Our findings

People and relatives said they were very happy with the service provided and praised the staff who they felt knew what they doing. People said staff helped them with their needs and they do so in a kind and caring manner. One person told us, "The carers are very good, I don't know what I would have done without them." A relative commented, "They [care workers] were very good and very caring."

People received care that met their needs, choices and preferences. Before a person started using the service the registered manager or the care coordinator carried out a thorough assessment of people's needs. They gathered as much information as possible and also contacted other health care professionals who were involved in the care of the person. People and the relatives told us they had been involved in developing their care plans.

We saw people care plans were written in a person-centred way. Care plans included information on how people wanted their care to be provided. They contained sufficient details about people's preferences, wishes, needs and key areas such as communication. They also covered areas such as people ability with regards to personal care and domestic tasks. For example we noted in one care plan, the person needed two staff to transfer at all times and liked to lie on their back when in bed. In another we saw the person needed assistance with light housework. Staff had a good understanding of people's needs and how to meet them. Comments from people and their relatives indicated staff were aware of people's preferences and met them accordingly.

We also noted details were recorded about how a person may behave and action staff needed to take to deal with the situation if a person became aggressive. We saw people had signed their care plans, evidencing their involvement and agreement. People were provided with information which included the care and support they would receive and the time staff would be visiting. These were discussed and agreed prior to the person started using the service and were dependent on their needs. Each person using the service had a contract which gave details of the service to be provided and the fees to be paid.

We found care plans were reviewed regularly. A family member told us how they had been involved and was given the opportunity to review the care being provided to their relative.

We saw after each visit staff completed a daily record with regards to the care and support they had provided and this helped to confirm people received the care as they needed. They also included information where people had made decisions about their care, such as if they had decided to stay in bed or not to have a bath. The daily notes gave staff up to date information about people's well-being thus enabling them to provide care and support according to the person's wishes at the time of their visits. For example if a person had refused a bath during an earlier visit, the next staff visiting them would encourage the person to have a bath or a wash.

The daily records were regularly checked by the registered manager to see if staff had completed them correctly. The information also helped them to assess how people were, and if their needs had changed. For

example if a person kept requesting to stay in bed longer each morning, then the registered manager would arrange for a later visit with the agreement of the person who used the service.

Staff were aware of people daily routines, hobbies and interests, and they supported them to take part in activities if it was part of people's package of care. They assisted people to go out in the community for example by taking them out to their local park and also helped them with their shopping. This meant people were able to undertake the activities they liked doing and this also helped to prevent them become isolated.

The provider had a complaints procedure which was included in the service user's guide and was given to people when they started using the service. We saw there was a system in place to record any complaints or concerns received. This included the details of the concern, actions taken and the outcome.

We looked at the complaints records and found where people had raised concerns, these had been investigated and appropriate action taken. At the time of our visit there was one on-going concern which the registered manager was dealing with. The registered manager took complaints seriously and responded to them appropriately. This showed the registered provider had a complaints system in place which was used appropriately to resolve issues that had arisen.

People were given the contact details for external agencies which they could contact if they felt their complaints had not been resolved satisfactorily. People and their relatives told us they had not needed to raise any concerns or complaints, but said they would feel comfortable speaking to the registered manager if they had any concerns. One person said, "If I am not happy with something I will speak to the office." A relative told us, "[person] is very happy with the carers, [person] would have told me if they were not happy, the carers are very good."

We saw the registered manager had received some compliments from people who used the service and also from their relatives. One person commented, "[Staff] is very loving, caring, polite and helpful. They always give their best and a very good asset to you company."

Is the service well-led?

Our findings

The registered manager has been working for the service since June 2016. They had an open door policy where people, relatives as well as staff could raise any issues or concerns they had. People and relatives felt the registered manager was very approachable. They said they could talk to them at any time and they knew any issues raised would be addressed promptly. One relative said, "The manager contacts me regularly to inform me of what's going on with my family member." One person told us, "[manager] is very helpful and this is very important to me." The registered manager told us they felt a sense of achievement as they had increased the number of people who used the service since joining the service.

Staff also told us the registered manager was very supportive and felt confident they would be listened to if they had any concerns. One member of staff told us, "The manager is very good, I can contact them at any time for advice." Another said, "[manager] is always willing to help, for example if I need to take leave or need help with things." Staff told us they liked their job and were happy working for the service. They said they had regular contact with the registered manager and the care coordinator.

We saw people were given a feedback form at regular intervals so they could share their opinion of the service received. The registered manager and the care coordinator monitored the quality of the service by regularly speaking with people who used the service and their families by visiting them to ensure they were happy with the service they were receiving.

We also saw telephone calls and staff observational checks had been used to gain people's views about how the service was operating. Comments in the feedback forms we sampled were positive. People and their relatives told us they felt listened to and their opinions were valued.

We saw evidence staff meetings were held regularly. Staff took part in and contributed to this meeting. From the minutes of meeting we saw staff worked well as a team to ensure people received the care and support they needed. The registered manager gave staff current information about the service during these meetings and also informed them of any upcoming training. Staff were also reminded of their responsibilities such as not to use their mobiles while supporting people in their home.

The registered manager carried out regular audits to ensure the service was running smoothly. Checks were carried out in areas such as care plans, food and fluids chart, medicines administration records and staff training. We saw the registered manager undertook spot checks with staff and also worked on some shifts with staff so they could directly observe them while they were providing care and support to people. They recorded their observation of staff practice and we saw this information was held in staff files.

The registered manager understood their responsibilities to inform the Care Quality Commission of any incidents or events they were required by law to tell us about. They had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Staff had access to policies and procedures for the service in hard copies and also on line. Each staff

member had an online account where they had access a range of information about the service. The provider ensured staff were kept up to date with any changes to ensure they update their knowledge and keep their practice current.