

Prestige Nursing Limited

Prestige Nursing - Redhill

Inspection report

First Floor Offices
18 Warwick Road
Redhill
Surrey
RH1 1BU

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Tel: 01737221818

Website: www.prestige-nursing.co.uk

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 and Care Agency is a domiciliary care agency that provides personal care to people in their own homes who live in the East Surrey area. The agency provides care for people living with physical frailty, dementia, mental health needs and people who require rehabilitation following hospital discharge. The service can also provide nurses to independent providers such as care homes or private clients. At the time of our inspection the agency was supporting 33 people with personal care in their own homes.

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 and associated Regulations about how the service is run. The registered manager was present for the duration of the inspection.

Care workers knew how to keep people safe. They understood their responsibilities under safeguarding procedures and told us they would report anything that looked like abuse to the registered manager who they said would deal with issues immediately.

Staff recruitment procedures were safe and ensured care was provided by staff who were vetted and suitable to support people in their own home. Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported to undertake their roles.

The agency had procedures in place to manage medicines safely and ensured only suitably qualified staff administered medicines to people.

Risks to people had been identified, assessed and well managed. Information was provided to staff on how to care for people in order to reduce any risks.

The registered manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or incidents.

People's consent to care and treatment was considered. Staff understood the Mental Capacity Act (2005) and about people's capacity to make decisions.

Staff were caring to people and respected their privacy and dignity. People and relatives told us staff were polite and staff said they were always mindful that they were a visitor in people's homes.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager undertook quality assurance audits to ensure the care provided was of a standard

people should expect. Any areas identified as needing improvement were addressed by the registered manager to drive improvement and provide better services for people.

If an emergency occurred for example adverse weather conditions or an outbreak of staff sickness people's care would not be interrupted as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was included in the information pack people were given when they engaged the services of the agency. People knew how to make a complaint but said they never used the formal process and issues got addressed immediately.

We looked at records in the agency's office relating to the care of people and the management of the service. These included care plans, risk assessments, medicine records, staff recruitment and training files and a range of policies and procedures. These were well maintained and regularly monitored by the registered manager to ensure the quality of record keeping was appropriate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe because staff knew their responsibilities regarding safeguarding and protecting people from abuse.

Medicines were administered and managed safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

Staff recruitment procedures were safe and appropriate checks were carried out to help ensure only suitable staff worked for the agency.

There was a plan in place in case of an emergency.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who understood their needs.

Staff received induction training and regular mandatory training which enabled them to carry out their role competently. Staff were given the opportunity to discuss aspects of their work with their line manager.

People's rights under the Mental Capacity Act were met. Staff understood about people's rights to make decisions and consent to receiving care.

People were involved in choosing what they ate and were supported by staff and relatives with their meals

Is the service caring?

Good ●

The service was caring.

Staff provided care for people in a kind and caring way.

Staff respected people's choices and provided their care in a way that maintained their dignity.

People and their relatives were encouraged to be involved in their care as much as possible.

Is the service responsive?

Good ●

The service was responsive

People had needs assessments undertaken before they began to use the service to ensure resources were in place to meet their needs.

Staff responded well to people's needs or changing needs and reported any changes to the registered manager.

People and their relatives were knowledgeable about their care plans and involved in any reviews.

A complaints procedure was available for people and relatives with appropriate contact details should they require these.

Is the service well-led?

Good ●

The service was well-led.

The management team worked together to ensure the agency operated well.

Quality assurance checks were completed by the registered manager and office staff to help ensure the care provided was good and to make improvements as required.

People and their relatives were able to give feedback on the service provided either by direct contact with the office or using a survey 'review us'.

Records relating to people's care were accurate, up to date and managed appropriately.

The registered manager submitted notifications as required.

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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 was 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 an announced inspection because we required the registered manager to be present to answer questions about the management and operation of the service. The inspection took place on the 6 September 2016. The inspection was carried out by one inspector who had experience in adult social care.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete 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.

As part of the inspection we spoke with ten people who used the service, three relatives, eight care staff, two office based staff and the registered manager.

We looked at a range of records about people's care and how the service was managed. For example, we looked at care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal audits that had been completed. We also looked at staff recruitment files and the training staff received.

We had not previously inspected this service since it was registered with us in 2014.

Is the service safe?

Our findings

People felt safe with the care and support they received from Prestige. One person said "I trust the staff completely and am comfortable with them." Another person said "I would not be cared for by anyone I did not feel safe with."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and relevant reporting procedures. One member of staff said they would report anything they felt unhappy about to a member of the office staff or the registered manager. Another member of staff said "There was always a manager on call so there was always someone they could report safeguarding issues to if they occurred." Care staff told us they were aware of the whistleblowing procedure and they would use this to report any general concerns they had about the agency. The registered manager understood their responsibilities in relation to safeguarding people from harm. Before the inspection the registered manager sent us information about safeguarding when concerns were identified or raised about people's safety. The information included evidence of action taken to address the concerns and reduce risks to people. The registered manager made safeguarding referrals to the local authority when appropriate.

People told us they could rely on their care workers when they needed them. They said they were very reliable with their calls. One person said "They never miss a call." Another person said "They are good timekeepers and seldom more than 10 minutes late." A third person said "If they are going to be late the office will always ring and let me know how long they are going to be." A fourth person told us "You have to allow for traffic and I must say they do their very best to get to me on time." A relative told us "They make sure they have reliable staff to attend to Mum."

Care workers used an electronic monitoring check in system that worked from the client's land line telephone, and is a free number. All staff had to check in and out using this system. If a carer was more than 15 minutes late it would alert the office automatically and this would trigger a call to the staff member to ensure they were safe and keep the person informed of their expected time of arrival. This meant action could be taken to ensure that the person received the care they needed and the safety of staff.

People were kept safe because the risk of harm had been assessed and managed. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks assessments and for all equipment used, for example hoists standing frames and slide sheets. When risks had been identified these were supported with action plans for staff to follow to keep people safe such as how many staff were required to move a person safely. Risk assessments were reviewed and updated accordingly. For example following an occupational therapy visit it was not safe for an identified person to continue with one staff member for support and this was increased to two staff to keep that person safe. Staff told us they were aware of risks associated with their work and

said they could call the office at any time if they felt a person or the equipment they were using was unsafe. Staff were also protected by the "Lone worker policy" in place. It provided staff with information to support them in vulnerable situations for example using key safes, off street parking late at night and dealing with behaviour that challenged.

People's medicines were managed and given safely. People were happy with the support they received with their medicines. One person said "I take my medicines in the morning and the carer helps me with this." Another person said "The staff are very patient with me and give me plenty of time to take my tablets."

Medicines were managed in accordance with current regulations and guidance. There were up to date policies and procedures in place to support staff who administered medicines. Staff had undertaken medicine administration training and were assessed as competent by the training coordinator before they were allowed to handle people's medicines. One staff member told us "I had extensive training in medicine awareness and I have to update this every year. I know what to do and why people take the medicines prescribed." Another member of staff said "The agency is very strict when it comes to medicines and will only allow us to administer medicine once we have had all the training."

People had medicine profiles which included the medicines taken and the side effects, any known allergies, the name of the chemist and telephone number and their GP and contact details. Medicine administration record (MAR) charts were in place for people. Care staff used them to record when medicines were taken. Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way and staff understood why they gave this medicine.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work for the agency. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example a person had increased falls and an occupational therapy assessment had been undertaken and a visit from the GP arranged to review the situation. Action taken included providing additional support as necessary to keep the person safe and prevent them from hurting themselves.

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff sickness and adverse weather conditions. People told us that information was provided when they first started to receive a service from the agency that included emergency contact details. One person told us they were aware of this information but never had to use it.

Is the service effective?

Our findings

People were supported by care staff that had sufficient knowledge and skills to enable them to care for people. One person told us "The staff are excellent and know what they are doing." Another person said "They really know how to look after me and know their job." A relative told us "I have every confidence in the staff and they always seem to know what they are doing."

Staff were provided with comprehensive training that prepared them with the skills and knowledge needed to meet the specific needs of the people they cared for. The training coordinator showed us a training plan which was detailed and outlined the training staff had received, the training planned and the due dates. A member of staff told us "We are always doing some kind of training. I must say the agency is very focused on training their staff." Another member of staff said "Some training is face to face and some training is e-learning. We can never forget as the training person always sends reminders when we are due to update."

All new care workers completed an induction programme at the start of employment. This included three days in the classroom and a series of e-learning which the training coordinator demonstrated to us. Staff then shadow more experienced staff to get to know more about the people they cared for and for safe working practice. One staff member said "I was not allowed to go out on my own until I was assessed as competent to do so."

Staff had received training in areas that included moving and handling, first aid, dignity and respect, malnutrition, food hygiene, dementia care, infection control, and medicine administration. In addition some staff either had completed a National Vocational Qualification in health and social care or were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge.

Staff were able to meet with the registered manager or their line manager on a one to one basis, for supervision and appraisal. Records showed us all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

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. We checked whether the agency was working within the principles of the MCA. Staffs received Mental Capacity Act training and were able to explain what consent to care meant in practice. A member of staff told us "It's all about choice and people being able to agree to care. Sometimes if a person is having an off day I would sit and chat and listen to them and maybe after a while they may feel better and agree to

care. I would never do anything a person had not agreed to." Mental capacity assessments had been carried out for individual people when appropriate.

People were supported with their nutrition and hydration. One person said "The staff get me up in the morning and give me my breakfast. I have another person to help with lunch and again they call in the evening to give me supper. They are so good and always make sure I have plenty to drink." A relative said "They will let me know if Mum isn't eating or off her food." Staff were aware of people's likes and dislikes and how they liked their food to be prepared. A member of staff told us "Depending on the client I will cook light meals or microwaveable meals and sometime sandwiches for tea. Each person is different and it is all about choice." People's nutritional needs were clearly documented in their care plan and the level of support they required. Daily notes were recorded with specific reference made to any concerns. For example if a person's appetite was poor this would be reported to the office and communicated to other care staff who were due to visit in order that this could be monitored and managed appropriately.

People were supported access health services as required. Staff told us they would help people to make health care appointment if they needed them. Other people had relatives who did this for them. A relative told us "The carers are very by good at telling us when Mum is unwell and will also offer to arrange a doctor's visit if we need them to."

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were polite, courteous and treated them kindly and were respectful. They were knowledgeable about people's needs and preferences and supported people in a way they liked. One person said "Staff are kindness itself and treat me well." Another person said "Staff are delightful and do everything I ask of them." A third person said "The staff support me to look my best and help me to shower." A fourth person said "I am extremely happy with the care I receive from my care worker and would not change anything." A fifth person said "They always make sure they leave me comfortable until the next call."

Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their attitude and sensitive to their family member's needs. Relatives said care staff took the time when attending to their family member and never rushed to leave before they had done what was expected of them. One relative said "Nothing is too much trouble for them and they will go above and beyond what is expected of them." Another relative said "I have a good relationship with the care staff and know they would call me if there was a problem. That gives me peace of mind."

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

People's dignity and privacy were respected. People told us that staff treated them with respect and provided care in a way that maintained their dignity. Staff ensured they entered people's houses in a respectful way. One member of staff said "I always give a gentle knock and call out to people first just to let them know who it is even though I have access to their key as it is polite to do so." Another member of staff said "I would never leave the bathroom or bedroom door open when undertaking personal care." Another staff member said "I ensure people are covered up and not exposed too much to respect their modesty whilst undertaking care."

A relative told us "All the staff who attend my family member treats me and them with respect and kindness. They know his needs and how to care for him and take a genuine interest in our family."

The staff we spoke with were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss people's care and support where they could not be overheard. This was to ensure that people's confidentiality would be retained at all times.

The registered manager told us that gender specific staff was arranged to undertake people's care when people had requested this.

Staff had a good understanding of people's communication needs. One staff member said "If a person is

deaf I make sure they had their hearing aid so they can hear me, and were able to hear the television and the telephone." Another care staff said "It is important to give people time to answer as sometimes they may not understand what the question was or may be a bit forgetful." A third member of staff said "I will write calls and staff names down for a person if they have a tendency to forget as that way they know who to expect." Staff were supportive of people and encouraged them to express themselves and be as independent as possible.

Is the service responsive?

Our findings

People's needs were assessed before a package of care was offered to the person to ensure their needs could be met. This included the level of support that was required, the amount of carers required to provide the support and the number and frequency of visits. People using the service and their relatives told us they were involved in the assessment. One person said "They came to the house and asked me hundreds of questions to understand what I needed, they were very thorough." A relative said "They involved me in the whole process as I am the main carer. I was very impressed."

People had been involved in their care planning. One person said "They talked me through things and we agreed what care I needed." These plans had been signed by the person to show they had been involved. When people were unable to contribute to their care plan relatives or advocates had been involved in this process.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes and how they would like their care to be undertaken. They also contained information around medicine management, a nutrition plan with meal arrangements and mobility needs. We saw care was provided according to people's care plans and their needs. Care plans and associated assessments were regularly reviewed with people and updated appropriately when needs changed to ensure that people received the right care and support according to their current needs and capabilities. Relatives and others were also encouraged to be involved in people's care. One relative said "We are very involved in Mum's care. We work together with staff and they always consulted when anything changes."

Care was flexible to meet people's routine and commitments. When a person had to attend appointments visits were moved to accommodate this and more often than not earlier calls were arranged so people had their personal care before their appointment. One person said "They are so good. I like to have a wash before I go to see the doctor and they will make sure I am ready when my relative collects me. Angels the lot of them."

People told us they knew how to raise any complaint about the service. All of the people we spoke to with the exception of one confirmed they had not had any cause to complain about the service they received. One person said "If I had any reason to complain, I would get straight in touch with the manager who would sort things out for me." Another person said "If I was unhappy about anything I would tell the staff. I never made a complaint." A third person said "I was recently unhappy about the reason my visit was changed, I rang the office who gave me an explanation and their assurance this would not happen again." A relative told us "I never have any concerns so have never needed to make a complaint, but if I did complain I know they would take the matter seriously as they are a professional lot." Another relative said "I have not had to make a formal complaint because if things happen I will address it there and then."

There was a complaints procedure available for people. This gave information to people on how to make a

complaint and the various steps involved. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The complaints log confirmed no formal complaints were received in the last 12 months.

Is the service well-led?

Our findings

People were very positive about the agency and the way the service was managed. One person said "I like the service now and the way it is being managed." Another person said "Recent changes were for the best." Staff were confident in their roles and felt supported to do their job. One member of staff said "I enjoy working for Prestige and get all the support I need to do my job." Another member of staff said "We work as a team and the manager supports us well."

There was a registered manager in post who was present for the duration of our inspection. He was supported by the corporate director and also had the support of a care coordinator and a training coordinator who were office based. People and relatives were aware of the management structure and said they were comfortable speaking with them as they were approachable and listened to them.

Staff we spoke with were mindful of the agency's values and said it is all about making sure "People are at the heart of what we do." They told us it was about providing support and relief for people and their families and to enable people to stay at home and maintain their independence for as long as possible. This was reflected in the comments we received from people and their relatives throughout this report.

There was an open culture and people who used the service, relatives and staff were able to express their views. People we spoke with said the office staff (care coordinator) rang them on a regular basis to ask them if they were satisfied with the standard of care provided and with the staff providing the care. They said it was a "two way process" as they could ring the office at any time if they were not satisfied with something.

The registered manager undertook monthly audits of medicine records, care plans, risk assessments nutritional plans health and safety audits and staff duty rotas to monitor the service people received. A summary of these audits were retained at the agency for reference.

Staff meetings were not facilitated regularly. The registered manager told us he had recently changed the system for managing staff time sheets which meant that all staff had to visit the office at least once a week. This enabled him to meet face to face with staff and communicate any relevant information to them. He said other means of communication were through a newsletter, telephone calls, text messages and e mail. Every Friday staff are reminded to check the duty rota for the weekend to ensure they know what calls they are undertaking to prevent mistakes happening.

Staff were satisfied with the level of management input they received. They said there have been recent changes in the office and had their reservations about this to begin with. They told us the changes "Have only improved things" and said they felt comfortable now ringing the management team with any issues." One member of staff said "Before I would not feel confident to ring if I had a concern but since the changes have been made I can talk with the office staff and not worry about the response I receive. It's much better now."

The agency's quality monitoring systems included making spot checks on staff providing people's care. A member of the management team visited people's homes by arrangement to check their care worker arrived on time, they were dressed appropriately, carried proof of identity, and maintained and the security of the person's property. They also checked if the care workers provided people's care safely, according to the agreed care plan, promoted people's independence, and treated people with dignity and respect. Spot checks could be undertaken at various times including evenings and weekends to ensure that all aspects of the service were monitored effectively.

People and relatives were encouraged to give their feedback about the service. The agency used a questionnaire "review us on homecare.co." The registered manager told us people are provided with the questionnaire which has a free post address. He said feedback was sent to a central address and comments coordinated and published on the agency's web site. The recent survey completed by relatives was positive and included comments for example "I am very happy with the standard of care provided."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was available to staff so they would know how to respond if they had concerns they could not raise directly with the registered manager.