

Prestige Nursing Limited

Prestige Nursing Limited

Dartford

Inspection report

3rd floor offices, Banks Place
Market Place
Dartford
DA1 1EX

Tel: 01322270092

Date of inspection visit:
17 December 2019
03 January 2020
06 January 2020

Date of publication:
22 January 2020

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

About the service:

Prestige Nursing Limited Dartford is a domiciliary care agency providing personal care and support for people in their own homes. The agency provides care and support for people in the Dartford area of Kent, North West Kent and South East London. People receiving care and support includes children, young adults and elderly. At the time of our inspection, they were supporting 75 people. Although the service was registered for treatment of disease, disorder or injury, no one was receiving this service at the time we inspected.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People and relatives told us they were happy with the service provided by Prestige Nursing care staff. A relative said "It is a real life saving service for me."

People received safe care and support from Prestige Nursing Limited Dartford. The registered manager and staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Care plans contained detailed risk assessments. This mitigated any identified risks. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained. A care staff said, "I completed three days company classroom-based training in addition to my NVQ qualification before I started in the field."

People's needs and preferences had been assessed prior to receiving a service. People's care and support was planned in partnership with them and where appropriate with their family and healthcare professionals.

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

People were supported by regular reliable staff who knew them and their needs well, which promoted continuity of care. People made decisions about their care and these were documented in their care plan.

People were encouraged to raise any concerns they had or make suggestions to improve the service they received. People told us that staff communicated well with them and they felt at ease with them. Staff told us there was an open culture where they were kept informed about any changes to their role. Staff told us the registered manager was approachable and listened to their ideas and suggestions.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided at the time we inspected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 04 December 2018). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Prestige Nursing Limited Dartford

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Prestige Nursing Limited Dartford is a domiciliary care agency which provides personal care and support for people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 17 December 2019. We carried out telephone calls to people, their relatives and care staff on 03 and 06 January 2020.

What we did:

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse or when a person dies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted healthcare professionals for feedback. We received feedback from a local authority assessment officer and a senior continuing healthcare nurse. We took this information into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with one person who used the service and three relatives. Majority of the people who used the service were unable to communicate with us. We also spoke with three care workers, office compliance assistant, coordinator and the registered manager.

We reviewed a range of records. This included three people's care records, risk assessments, daily records and health records. We also looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys they completed to share their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the staff meetings minutes, business improvement plan and surveys people and staff completed to share their views sent to us in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One relative said, "I do feel my son is safe with the carers, no doubt about that." Healthcare professional told us, 'There have been no untoward incidences regarding safe care forwarded onto continuing healthcare' and 'The services users receive safe care from Prestige, they are looked after well'
- The provider had safeguarding processes in place. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. They told us these would be reported internally and externally, where appropriate. A member of staff said, "It is about keeping people safe from harm. If I suspect abuse, I will report to my manager immediately. If nothing is done about it, I can also go to higher authority. I can contact CQC, local authority, I can whistle blow or even call the police."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I observe bad practice, to report this to my line manager and I can do this anonymously if I wish to."
- The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required. The registered manager had done this in the past. This was investigated and found that the registered manager took appropriate actions.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their care needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. The risk assessments identified the hazards; deciding who might be harmed and how; evaluating the risks and decided on what precautions to take to reduce the risks. For example, one person who was at risk of epileptic seizures, had a comprehensive epilepsy risk assessment with guidance for staff to follow in their care plan. This enabled staff in ensuring the person's needs were met in a safe way.
- Adequate processes were in place to identify and reduce any environmental risks to people. Staff were protected from risks from the environment. Potential risk and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified and appropriate risk assessments were in place.
- Staff had a good understanding of risks. They told us that they read the care plan which contained risk assessments every time. A care worker said, "We have care plans which contained risk assessments and I read these regularly to keep people safe."

Staffing and recruitment

- Staff were recruited safely, and checks were completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.

- People's needs, and hours of support were individually assessed. Staffing rotas showed that there were enough staff employed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing. A relative said, "Carers are very good. They do turn up on time every time."
- People and their relatives and staff had access to an out of hours on call system manned by senior staff.

Using medicines safely

- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of medicines such as prompting.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- Staff received training to make sure people received their medicines safely.
- Systems were in place for the auditing of people's MAR sheets. These were checked monthly to identify any missing signatures or errors. The last audit was carried out on 02 December 2019 and no concerns were identified.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in how to minimise the risk of infection for people. Staff practices were checked by the office compliance assistant to ensure infection control procedures were adhered with.

Learning lessons when things go wrong

- There had been no near misses at the service. However, there had been one incident since the last inspection. This was thoroughly investigated and actions were put in place to avoid a repeat.
- There were policies and systems in place to ensure that incidents were recorded actioned. There was also a system in place to record any late or missed calls. These would be analysed if they occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered provider undertook an initial assessment with people before they started providing care and support. People and their relatives were fully involved in the assessment process. A relative said, "They came to carry out initial assessment at the hospital before service started and developed a care plan." This enabled the registered manager to allocate appropriate skilled staff to people, which ensured their needs were being met.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions covered introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines. New staff worked alongside experienced staff. A care staff said, "I completed training on the condition of service users before I am allowed to start working with them."
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate' for new staff without experience. A member of staff said, "We use the care certificate for new carers without experience." The 'Care Certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- Staff felt supported by the registered manager. Evidence showed that staff had monthly supervision meetings and annual appraisals with the registered manager. Supervision enabled staff to discuss their work and identify further training needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff told us that they would report any concerns they have about the person's health to the relatives who would in turn take required action.

- People's care records included guidance for staff to follow. For example, gastrointestinal conditions and epilepsy. This included recommended guidance, which further enabled staff in understanding and meeting people's needs.
- A healthcare professional told us, 'The service user are supported by the carers to access their GP, hospital appointments and dental appointments.'

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough. Staff supported some with their assisted eating device safely. Assistive eating devices are used by people when they have difficulty eating or drinking independently.
- Staff demonstrated that they understood the importance of following set guidelines. They followed people's care plans which detailed the support they required with eating and drinking. The food and drink logs were completed by staff when needed to ensure the person had enough to eat and drink. This helped to identify risks related to eating and drinking such as choking, so action could be taken.
- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.

Ensuring consent to care and treatment in line with law and guidance

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 (DoLS) to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager and staff had MCA and DoLS training. They understood people had the right to make their own decisions about their care. When people might be unable to give consent, they knew the MCA process to be followed. The registered manager told us that they will follow the best interest meeting route if anyone was unable to give consent.
- People confirmed to us that staff always asked for their consent before doing anything. A relative said, "When carers come in, they always ask my [X] how they are and what they needed to be done."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "The carers are very friendly, professionals, good with required knowledge and well trained." A relative said, "They are good, time keeping is good, and overall good."
- Staff knew the people they were supporting well. A relative said, "The care is consistent, same carers for the last eight years because it is important for [X] to have same carer."
- The people's care records contained information about their background and preferences, and staff were knowledgeable about these. For example, one person preferred a female carer and this preference was respected. The relative said, "We have requested a change of carer and that was fulfilled."
- The registered manager and provider were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were both held securely on a computer and in locked cabinets. The office computers were password protected.

Supporting people to express their views and be involved in making decisions about their care

- One person said, "They (the staff) are easy to communicate with, communication is good."
- People were supported to express their views regularly and their relatives were involved in making decisions about their care and support. For example, one person wanted a change of carer because they felt they did not get on well with the carer. The registered manager changed the carer and the person told us they were happy with this.
- Relatives were involved in the formulation, reviewing and the delivery of care. This was confirmed by a relative.
- People told us that they were able to express their needs and received the care and support that they wanted in the way they preferred. A relative said, "I have always been flexible with the care delivery and it has always been okay. I tell them how I want things done and the carers do as I want it."

Respecting and promoting people's privacy, dignity and independence

- A relative said, "They help [X] with his personal care and I can relax to let them take over. I feel at ease with the way [X] is treated."
- Staff understood the importance of respecting people's individual rights and choices.
- Care plans included what people could do for themselves and when they needed support. For example, one person's care plan stated, '[X] can choose their clothes. Staff to support with putting this on only.' We saw in daily notes that staff adhered to this instruction in the care plan.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and placed people's views and needs at the centre. People's care plans were detailed and informed staff what the person's abilities were and support they required from staff. For example, in one person's care plan it stated, '[X] gets up by himself, carers to assist with shower only twice a week.' This showed that the person was able to complete certain tasks alone and clearly instruct staff on what to do.
- People were introduced to staff at the start of the service to ensure they felt comfortable. This meant they could explain what is important to them to staff.
- People confirmed to us they had a care plan in their home. A relative confirmed this and said, "I have a care plan here. Staff do record what they do and it is accurate."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured communications between staff and relatives were good which benefitted the care of the person.

Improving care quality in response to complaints or concerns

- One person said, "I do have contact of who to complain to if I have any complaint." A relative said, "We have the contact details of who to complain to. I have never used it. Office staff are very good. We all work together."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. A relative said, "I had a complaint before about staff using phones while on visit and it was rectified satisfactorily."
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that they made documents available to people they supported in different formats, such as large print if needed. One relative confirmed this and told us that they understood the care plan. They said, "I have a care plan here. I am able to read the care plan as it is written."

End of life care and support

- The service was supporting one person at the end of their life. There was a detailed palliative care plan in place with the person's end of life wishes. A healthcare professional told us, 'The agency will take on care packages at short notice when referred for end of life care including night sits.'
- The registered manager told us that they were prepared to have in depth conversations with people and their relatives about end of life plans whenever they accept anyone at the end of life.
- Staff were trained on end of life care as part of their induction. There were procedures in place and links with relevant healthcare professionals. The service worked with local hospice in meeting people's end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a robust system in place for monitoring the quality of the service.
- A healthcare professional wrote, 'As far as I am aware Prestige Nursing is well managed, no issues to report.'
- A range of quality audits, such as care plans, medicine, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place. This was reviewed and signed off when completed by the registered provider. The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement. The registered manager had notified CQC of important event that happened.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service since they moved premises, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A relative said, "I do get on with the management and supervisors. They are good." Another said, "The staff that comes out are really good. I was really pleased with the management for providing training to staff."
- There was a management team at Prestige Nursing Limited Dartford. This included the registered manager and the provider. The registered manager was always available to staff.
- The registered manager understood the duty of candour. They were open and honest when things had gone wrong and were responsive to suggestions made at this inspection. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff told us that the management team to encourage a culture of openness and transparency. A member of staff said, "I can speak to the manager at any time regarding any problem."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff

said, "I feel I can approach the management, they are very friendly and helpful."

- People and their relatives were fully involved in people's care and support. A relative confirmed this when we visited. A member of staff said, "There is a care plan in the home and I read this regularly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative said, "I am totally happy with their service."
- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management is supportive, they visit homes, they are really helpful. I am happy with my job."
- Feedback was sought from people and their relatives during care reviews. Majority of people said, 'I feel that the assessment of my requirements and care provided is well suited and delivered to my individual needs' A relative wrote, 'How can we ever thank you enough for the outstanding professionalism, detailed care and attention given to [X]. Words cannot tell you how highly you are all thought of as individual people and a team.'

Continuous learning and improving care; Working in partnership with others

- The management team told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager told us that learning from these were shared with staff.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked in partnership with key professionals such as community nurses and commissioners to deliver and ensure people received joined up care. A healthcare professional confirmed this, 'I have no concerns with the services Prestige at the moment, everything is working well.'
- The provider recognised effective monitoring was essential to deliver good quality care. They were committed to increasing the use of electronic systems to support all functions of the service.