

Prestige Nursing Limited

Prestige Nursing Bracknell

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prestige Nursing Bracknell is a domiciliary care agency providing personal care to people. The service provides support to younger adults and older people who may also have, dementia, a sensory impairment, a learning disability or autism, or a physical disability. At the time of our inspection there were 12 people using the service.

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 and what we found

The provider did not ensure systems were embedded to oversee the service and ensure compliance with the fundamental standards. They did not have evidence to support effective governance. The service had an open and transparent way of working to ensure the safety of the people using the service. Staff knew people they supported well and cared about their wellbeing.

We have made a recommendation the provider reviews the frequency of their mandatory training. People knew how to raise concerns and they felt they would be listened to. People felt that staff were caring.

The service had ensured that medicines were stored and given to people safely. People's risks assessments were clearly written and gave clear instructions to staff meaning that people were less likely to suffer harm. Effective infection prevention control measures were in place to keep staff and people safe.

Care plans were person centred and included the input of the relevant person. 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.

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 the service under the previous provider and at the previous premises was good, published on 3 February 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our safe findings below.

Requires Improvement 

Prestige Nursing Bracknell

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five staff including the registered manager, regional manager and care staff. We spoke with four people who use the service about their experience and the care provided.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 of this newly registered service. 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

- Where safeguarding incidents had been identified, the registered manager had investigated the incident internally, documented actions taken and notified the appropriate authorities.
- All staff had received safeguarding training and staff reported they were aware of the process they would take to raise a safeguarding concern.
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm.
- People reported to feeling safe, "I feel completely safe from abuse as they are more like friends, we have a good laugh".

Assessing risk, safety monitoring and management

- Risks to people's safety were fully assessed by staff and recorded.
- People's care plans contained specific risk assessments.
- Care plans were informative and written from the person's perspective. They contained clear instructions for staff to protect people from risks to their health and wellbeing and risks in their environment.

Staffing and recruitment

- We reviewed three staff recruitment records. One staff file did not include evidence of conduct at a previous role within health and social care. When this was raised to the registered manager, they were able to provide evidence of an attempt to identify evidence of conduct.
- All other staff files contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service recently lost their care planner and field care supervisor who supported the registered manager with rota's, spot checks and supervisions of staff. The registered manager and senior leadership were actively recruiting to fill the spaces and to recruit further care staff.
- Due to staff shortages, some staff told us that there was not always enough time between visits. People told us staff were sometimes late to visits, "sometimes they can turn up rather late", "they are not always on time no, but it doesn't worry be overly" and, "they have never missed a call, if it's going to be very late they always let me know so I don't have to worry"
- Since the service was registered, there have been two missed visits and they were investigated by the senior management team.
- The registered manager completes rota's on a four weekly basis and ensured the same staff are allocated

to the same people to support continuity of care.

Using medicines safely

- Documentation of medicines and the administration and guidance for all medicines was provided to care staff on an online system.
- We found where people had been administered medicines, staff had signed the associated medicine administration record (MAR) to say this had been given.
- Where people were prescribed 'as required' (PRN) medicines, there was not always an individualised protocol which explained to staff why the medicine would be given and how the person would communicate it is required. This was raised to the registered manager during the inspection and rectified.
- When a medicine was not given, the staff member had explained the reason within the MAR record.
- When the registered manager received alerts from the online system of missed medicines, an investigation and actions following the medicine error took place.
- All staff received annual competency checks to ensure they were supporting people with medicines safely.

Preventing and controlling infection

- During spot checks, the registered manager ensured staff wore appropriate personal protective equipment [PPE] such as masks and apron's during visits to people.
- The registered manager and provider ensured there was enough PPE for staff and was readily available to collect from the office.

Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents.
- There was evidence that the management team investigated incidents and accidents appropriately.
- An incident monthly review is completed by the incident manager and themes and trends for the month are identified. This is then fed back to the region on a weekly basis to discuss lessons learned and this is then fed back to the service and staff.

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. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All staff new to care completed The Care Certificate in order to ensure safe care to people. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People told us they believed staff had enough training, "they all know what they are doing and seem to have the right skills to carry out their tasks."
- The providers mandatory training topics were in line with best practice and included training in relation to oral care, equality and diversity and moving and handling.
- All staff received an induction prior to working independently with people. This included a minimum of 10 hours shadowing more experienced staff, reviewing their medicine competency and collecting feedback from people.
- However, although safeguarding for adults and children was completed by all staff it was refreshed every two years. Best practice recommends safeguarding training should be refreshed annually. This was discussed with the area manager and registered manager during the inspection who agreed to have this reviewed.

We recommend the provider reviews the frequency of their mandatory training in order to align with best practice.

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

- People's likes, dislikes and preferences for care and support were recorded and respected by staff.
- Prior to admission, people's opinions were considered when an assessment took place. These were clearly recorded in the assessment documentation.
- Staff knew people well, and regularly documented in the persons daily records evidence of asking for people's preference during the visit, for example for drinks and activities.

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

- Information about people's dietary needs had been recorded in their care files.
- The care plans also explained how meals are to be prepared and where the person likes to eat their food for example, one care plan stated, "I like to eat my meals at the table in the dining room. At night-time I have a snack which I eat in the living area."
- The level of support with eating and drinking required was also included and risk assessments had been completed as needed. One risk assessment said, "Possible Risk - Dehydration - Please prompt fluids at every

visit and document fluid intake."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with the local authority, healthcare, and social care professionals to ensure that people received support in the right way.
- Appropriate health information was shared with stakeholders which promoted good health outcomes for people. This included on weekends when hospital discharges still needed to take place.
- Professionals involved in promoting people's healthcare were available upon request.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in the MCA, and this was repeated at regular intervals to ensure their knowledge and practice was maintained.
- People's care and support documents showed they consented to receiving care and support.
- The registered manager stated that some people who used the service had an appointed attorney or attorneys (set out in a 'lasting power of attorney' document). We asked how they checked this. The registered manager stated they would ask for copies at the point of assessment prior to care starting.
- The service was not completing the capacity document within the care plan although people's capacity was documented elsewhere. The area manager stated this would be reviewed to ensure capacity of people is clear.

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. 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; respecting equality and diversity

- Feedback from people demonstrated people benefitted from a caring team. Comments from people regarding if staff were caring included, "I think they do actually care about me by the way they speak to me. [They] always want to make me comfortable." And, "they are very polite and very kind, they do have a joke and a chat with me which helps my day pass more pleasantly."
- Staff told us the new [management team] had created a culture that promoted a caring approach. One staff member said, "[Registered manager] goes above and beyond for our branch and our customers. [Registered manager] really cares about our customers and staff members."
- People experienced good continuity and consistency of care from regular staff. People reported staff were focussed on caring for them and not completing tasks. A compliment the service received said, "[Person] also thanked our carer [care staff member] as [they were] an absolute star at the weekend, [the] care is brilliant and the whole family appreciate [care staff member]."

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

- People and relatives told us they were involved in decisions about people's care and support. People and relatives told us they felt valued and that their opinion mattered. One person told us, "I am in control of my own care and I am fully involved with my care plan and any decision making that needs to be done."
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's independence. A staff member told us, "allowing independence and choice is one of the main things we offer as a service."
- Care plans contained guidance for staff to help support people's independence.
- People's personal, confidential information was protected. All documents were stored on an online system which was only accessible by staff who provided care and the management team.
- People's care plans included information on how people would like to receive personal care including their likes and dislikes and where they may struggle. The information allowed staff to understand the needs of the person. When asked if people are treated with dignity and respect, people told us, "they are always polite and respectful." And, "...I have never known them to be impolite and they always show me great respect."

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. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care documentation was individualised and contained up to date information about people and the care they required.
- Care plans were updated whenever there was a change in a person's needs. For instance, where there was a change in need around a person's medicine, the care plan was amended.
- Changes to care plans were communicated between staff during team meetings and on a daily basis through an encrypted message system.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service recorded people's communication preferences and any associated impairments.
- There was some guidance in communicating with people in a manner they could understand. Staff were aware of people's needs however we discussed with the registered manager further detail could be added in people's care plans in order to ensure the needs of people are met.
- The registered manager understood the requirements set out in the AIS document. They were aware of different methods that could be used to ensure older adults received information in an accessible way.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and the registered manager responded to complaints in a timely way.
- There was evidence recorded and provided to show how the provider acknowledged, investigated and responded to complaints.
- Actions taken following a complaint were documented in order to improve the service.
- People knew how to raise a complaint or concern with the provider. People told us, "I have made a complaint about one of the carers a while ago and they dealt with it straight away", "I do know how to complain and I did and it was not too difficult because they did listen and want to help me" and, "I think they did respond well to my complaint yes and I would be fine to call again if I needed to".

End of life care and support

- No one was receiving end of life care at this inspection however the registered manager was able to

explain actions that would be taken if end of life care was required.

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. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We could not be assured audits had been completed and actions had been taken to continue to improve the service.
- The providers audit policy stated that audits of multiple documentation were to be undertaken, including care plans, medicine administration records (MARs), incidents and accidents and infection control. The providers policy states, "Branch Managers/Care and Compliance Manager are responsible for completing ongoing checks on client and members files held in branch to ensure that they remain compliant... An undertaking that branch operations are compliant should be included in the weekly report to the Regional Manager, Regional Managers will refer any issues of non-compliance to the Quality and Compliance Manager... Branch Managers/Care and Compliance Managers are responsible for collecting care reports and MAR's on a monthly basis. Once in the branch they must be audited on ... Care Report Audit Sheet and ... MAR audit sheet. each audit record must be completed, signed, and dated by the designated post holder."
- During the inspection, there was no evidence audits had been completed since March 2021.
- We discussed this with the registered manager who was able to explain documents including care plans had been reviewed and the action taken if an error was identified however, this had not been documented.

The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a flag system in place which alerted if there was a missed or late visit. This was emailed to both the administration team and the registered manager and evidence was seen regarding why a visit was missed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people showed their care was at the centre of the service delivery. Comments included, "I think it is well managed, I get good care and I can speak to them and I do know that they will listen and try to help me."
- Staff told us they were involved and listened to for example, one staff member told us, "[Registered manager] really cares about the team and takes everyone's views into consideration...[Registered manager]

goes out of her way to ensure our customers have consistent and well trained staff who know them and know their care plans inside out."

- Staff knew people they supported well and were documented to and people reported to having friendly and person-centred conversations with 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

- The registered manager was able to explain action that would be taken in relation to the Duty of Candour.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The registered manager submitted notifications to us when required and in a timely manner. Notifications are events that the registered person is required by law to inform us of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Staff told us, "Becky really cares about the team and takes everyone's views into consideration."
- Staff were supported through supervision and appraisals. Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- Staff commented positively on improved teamwork, staff morale and communication within the team. One staff member said, "[Registered manager] is one of the most supportive managers I have ever had, [they are] approachable and always there for a chat or to offer support if needed."

Working in partnership with others

- The team worked closely with the local social and health professionals.
- The registered manager was able to explain and provide evidence of collaborative working with professionals to support the needs of people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1,2, a,b,c,d)</p>