

Prestige Nursing Limited

# Prestige Nursing Norwich

## Inspection report

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09 June 2016

15 June 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Norwich is registered to provide Nursing Care and Personal Care. It currently provides a service to 32 people living in their own homes.

This announced inspection took place on 08, 09 and 15 June 2016. At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. There were procedures in place which were being followed by staff to ensure that people received their medication as prescribed. Risk assessments had been completed to identify and reduce risks to people where possible however some required more information.

There were enough staff available to meet people's needs. Staff received the support and training they needed to carry out their roles effectively.

Staff were kind and compassionate when working with people. They knew people well and were aware of their preferences, their likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified.

People were provided with a choice of food and drink that they enjoyed.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The registered manager and other staff obtained the views from people that used the service, their relatives and staff about the quality of the service.

## 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 wasn't always safe.

Staff were following safe practices when they administered medicines which meant people received their medicines as prescribed.

Risks to people's safety were recorded. However, there was not always sufficient guidance about how risks should be reduced.

Sufficient numbers of staff were employed to meet the care and support needs of people.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005

Staff were supported and trained to provide people with individual care.

People's health and nutritional needs were met.

**Good** ●

### Is the service caring?

The service was caring.

Staff were kind and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

**Good** ●

### Is the service responsive?

The service was caring.

Staff were kind and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

**Good** ●

## Is the service well-led?

Good 

The service was well led.

People and staff felt supported by the management and leadership of the managers.

The service had an open culture and strong values about treating people as individuals and with respect and dignity.

# Prestige Nursing Norwich

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08, 09 and 15 June 2016 and was announced. This was because it is a small domiciliary care service and we needed someone to be in the office. The inspection was carried out by one inspector.

We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

During our inspection we spoke with five people who used the service, six relatives of people who used the service, the registered manager, one nurse and three carers. We looked at the care records for three people. We also looked at records that related to health and safety and audits. We looked at medication administration records (MARs).

## Is the service safe?

### Our findings

People told us that the agency staff helped them to feel safe as if they needed any assistance they could ask for it. One person told us that having the agency staff meant that they could have a shower and when needed staff could pass them things such as toiletries or a towel. The relative of one person told us, "I wouldn't be able to sleep overnight if it wasn't for the fact (family member) has a carer [agency staff] with him." Another relative told us, "My father is fairly uncertain on his feet and can be prone to falling. His carer uses a stand aid to help him in and out of bed. I know that when she is here that he is safe and well looked after because she is competent in what she's doing and always reassures him."

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. The registered manager had followed the correct procedures when potential harm had been reported to them.

People had risk assessments completed before the service that they received commenced. These were completed by staff that had completed a two day risk assessment course. The registered manager showed us some written scenarios that staff referred to when completing risk assessments. The scenarios listed all of the issues that they would need to consider. For example, if someone was at risk of pressure sores what action staff would need to take to reduce the risk. Risk assessments were reviewed annually or when circumstances changed if that was sooner. The risk assessments identified potential risks however they didn't always include enough information about how the risk could be reduced. For example, if someone was at risk of developing pressure ulcers how this could be avoided. The registered manager identified which staff needed further training regarding completing risk assessments and arranged for this to take place.

People received their medication as prescribed. Staff told us that they had completed administration of medication training including a test of their knowledge. However, their competency to administer medication was not regularly assessed. The medication administration records (MAR) showed that people had received their medication as prescribed. The registered manager stated that they checked the MAR each month to ensure that they had been completed correctly. We saw that this had been done. The medication administration information did not always clearly identify where on the body creams were to be applied. This meant that topical creams may not have been applied correctly.

The registered manager confirmed that there were enough staff employed to meet the contracted hours being provided. The registered manager told us and staff confirmed that when staff were absent then the other staff worked extra hours to ensure that people still received a consistent service from staff that they knew. People told us that the staff normally arrived on time and that they always stayed the correct amount of time. People also told us that care staff checked if there was anything else they would like done before leaving. One person told us, "They [the agency staff] always get here on time and they have never missed any visits." Another person said, "I've got one lady [agency staff member] who always arrives early, but she always stays until the right time." A third person told us, "The carers [agency staff member] remarkably

always arrive on time or thereabouts. We've only ever known them to be a maximum of five or ten minutes late due to traffic problems. They never rush my father and in fact will always make time if there are extra jobs that need doing. We have never experienced a missed call at all." A third person told us, "The carers [agency staff member] always arrive on time and I never feel rushed at all."

Staff told us and records confirmed that when staff had been recruited they had completed an application form and had attended an interview. The interview consisted of face to face questions and a written assessment. References and any unacceptable criminal records checks had been completed before staff started working. The registered manager stated that new staff only commenced working with people after all of the employment checks and induction training had been completed.

Although there hadn't been any incidents or accidents staff were aware of what procedures to follow if there an accident or incident should occur. The registered manager stated that she would review any accident or incident forms to see if it could be prevented from happening again.

## Is the service effective?

### Our findings

People and their relatives confirmed that they thought the agency staff were well trained and that they had the right training to meet their needs. One relative told us, "I have been very impressed with their (agency staff) level of training and certainly when [family member] is hoisted, they are so good at reassuring him that he is safe and he's not going to come to any harm and I know that makes a real difference to him."

People were cared for by staff who had the right competencies, knowledge and training. Staff told us that the training they received equipped them for their job roles. The training record showed that most staff were up to date with their mandatory training, or this was scheduled to take place. This was for subjects including safeguarding, moving and handling and first aid. New staff completed a thorough induction before commencing working with people. For staff new to a caring role they completed the Care Certificate (this is a nationally recognised qualification). New staff were introduced to people and shadowed existing staff until they were competent to work on their own with people. The agency supported all new staff to complete a National Vocational Qualification in care.

Staff told us that they felt supported and received regular supervisions with a line manager. As well as receiving personal supervisions staff were also observed working on a regular basis. The registered manager stated that this helped to ensure that staff were following the correct procedures, were dressed appropriately and delivered the care in a way that reflected the agency's values.

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 service was working within the principles of the MCA. The registered manager stated that at present no one needed a capacity assessment but that she was aware of the procedures to follow if they did. Staff were able to demonstrate an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) they were able to tell us how they sought consent and offered people choice.

People confirmed that staff asked them what they would like to eat and drink before preparing it. One person told us, "All my meals are gotten for me by my carers [agency staff] I sometimes don't fancy a hot meal, in which case my carer will make me a sandwich or sometimes just an omelette depending on how I feel. They never mind making me whatever I'd like, which is appreciated." Another person told us, "They [staff] always make my choice of ready meals, they always warn me if it's really hot." A third person told us, "My carer [agency staff] take me food shopping once a week. My carer [agency staff] then prepares meals for me when we are back home. She always asks me what I would like." A fourth person told us, "I never have to remind my carer [agency staff] about making me a drink before she leaves. I'm grateful for that because



these days my memory isn't as it used to be and sometimes I even forget about it until she puts it down in front of me." The agency staff were aware of people's likes and dislikes and how they liked their food to be prepared. The agency staff told us if they had any concerns about people's nutritional needs they would discuss it with them and if appropriate their relatives and if needed would also report it to the office staff.

Staff were aware of people's health needs and worked with other agencies and healthcare professionals to ensure that their needs were met. People confirmed that staff would help them to make any healthcare appointments if they needed them to. One relative told us, "We usually organise any appointments for him ourselves. However, if a carer[agency staff] thinks [family member] is unwell they will always tell us which I appreciate." Another relative told us, "My mum's carers [agency staff] are very good at spotting when she is developing a urinary tract infection in particular. They will organise a sample and give it so that I can take it to the GP practice. They are always very good at telling me if they think there is anything wrong with her."

## Is the service caring?

### Our findings

One relative told us, "The carers [agency staff] are like family now. He knows them so well and enjoys a good chat while they are doing the job's he needs doing." One person told us, "They [staff] are really like old family friends. Nothing is too much bother and there is always some gentle banter going on while they are here which lightens my mood because sometimes I don't see anybody else all week apart from my carers." Another person told us, "They (the agency staff) are very, very good, I don't know how I'd manage without them. I usually have the same three staff and I don't want them to ever leave [the agency]." A relative told us, "We have been very pleased with the care that my [family member] has received and have not had any issues to raise with anyone at the agency." One relative told us, "Because [family member's] carers [agency staff] have been looking after him since he first came home from hospital, they have got to know him well and have contributed a lot to him regaining some of his independence. It really is an indication of why it's important that regular carers are here because that's the only way they can really make a difference to someone's level of ability."

One relative told us, "When we first sat down to talk to a manager from the agency we were asked about what time dad wanted to get up in the morning and go to bed at night and how he likes things to be done. Everything that we asked for has been delivered." People and their relatives said that they had talked to staff about the information used to create their care plans. However, some people hadn't looked at them since the conversations took place. One person said that they would like to read their care plan but would like it in large print to make it easier to read. The registered manager confirmed that it would be provided in large print. People and their relatives told us that they had been asked about the choices and these had been respected and carried out.

People and their relatives told us that they had a good relationship with the staff who provided their care. One relative told us, "The staff are really lovely. If [family member] is restless they talk to her about how she's feeling." One person told us, "They [the agency staff] always check that I've got the basics like bread and milk before they leave. They always ask if I need anything else doing." Another person said, "I like the fact that everyone at the agency wants to get to know you and they all seem genuinely to be interested in you as a person." One relative told us, "My [family member] sometimes feels like a foot massage, she only has to ask the carer and they will find time to fit it in while they are with her. I know it's only a small thing but it can make her feel so much better."

People told us they felt the staff treated them with respect. All staff were able to tell us how they respected people's privacy and dignity. One staff member said, "We try to be as unobtrusive as possible, I involve the person and explain what I'm doing when carrying out any personal care." People confirmed this to be the case. One relative told us, "My [family member] has to be hoisted between bed and chair and bed and commode. They always make sure that he is well covered up because hoisting doesn't really do much for your dignity if you don't pay attention to it." Another relative told us, "Because they know I am here they always ring the doorbell and wait for me to answer. When the carer [agency staff] goes upstairs I hear her knock on my [family member] bedroom door and she'll say her name and that she is here, before I hear him telling her to go in."

Care plans included information about encouraging people to be independent and do as much for themselves as they can. For example, one person who was registered blind wanted to administer their own medication so that care plan stated that staff should just read the labels for the person so they could administer themselves.

People told us they were able to speak for themselves, but if they needed to they all had relatives who would help them. The registered manager said that advocacy information had not been shared with people but that they would make it available if needed.

The registered manager told us that they or a member of the office team meets with people before they confirm that they can offer them a service. They discussed what support the person requires and at what times. However, sometimes the agency agreed to care for people at short notice. For example, if someone was being discharged from hospital. When this had happened the manager or office staff visited the person as soon as possible so that they were involved in any decisions about their care and support.

Staff received training in end of life care and support from outside agencies such as Marie Curie to enable them to support people and their families.

## Is the service responsive?

### Our findings

A relative told us, "My father's carers [agency staff] know him very well now but they will still check with me to make sure that nothing has changed since they last saw him. His carer's will also check his care plan if they are not sure about anything which I would much rather they do they try and second guess." One person told us, "I have just been really impressed by the fact that everything they said they would deliver they have." Another person told us, "It was really my daughter who was insistent that I had some care provided during the week because she was worried about me being on my own. It was me though, when we met with the agency, that decided how the care was organised and what it was I wanted to do with the time." Another person told us, "If I'm not feeling up to going out one day when the carer [agency staff] arrives I will tell her and we will stay put and she will do some cleaning chores for me which I appreciate. It's really important to me that I can use the time how I want to depending on how I feel from one day to the next."

One relative told us, "My [family member] care plan is in the folder. [Staff member] was here recently to review that everything in the care plan was still relevant and whether there were any changes that needed making. As a result of a few changes, she sent the revised one back to me and we signed it and it's now back in the folder." We found that the care plans contained the basic details about the support people needed. However, they were not always in sufficient detail to ensure staff had all of the necessary information that staff would require to meet people's needs. For example, one care plan did not include the information that the person needed staff to assist them with a full wash whilst in bed. However, their daily notes showed that staff were doing this on a regular basis. The care plan had recently been reviewed but this omission had not been identified. The registered manager sent us an updated care plan after the inspection which included all of the relevant information.

The registered manager stated that as well as visiting people who use the service to check that staff were following the care plans they also made regular telephone monitoring calls. Regular reviews were also carried out in person by the registered manager or other members of the office staff. These had been recorded. One person told us, "We've been asked about the staff and the service when we had a review. I remember being asked about my opinion of the carers." Staff also told us that if they were aware that changes were needed to the care plan they contacted the office staff so they could complete an assessment and update the care plans as necessary.

People told us that they received the support that they required from the agency staff. One person said, "It's lovely because they [agency staff] take me out so we can do my shopping, we also go to the garden centre. They really don't mind doing anything I would like." A relative told us, "We are fortunate that my father has two excellent carers who come and look after him overnight. I cannot fault them and if it wasn't for them he would have to be looking at a nursing home by now." Another relative stated, "My [family member] has a small team of carers who he sees. It's important to us that he know the regular carers who come to him because it gives him the confidence and makes him feel safe and well looked after. They have worked with him over some considerable time now and have helped him to gain more independence and I have been so thrilled to see how that work has paid off."

People and their relatives told us they felt the service provided by Prestige Nursing Norwich was flexible and responded to their changing needs and support. Staff told us they had the most up to date information about a person's health and wellbeing because any changes were sent to staff before the next visit. They told that us they were informed of any changes by a telephone call or text from the registered manager or office staff.

People told us that they knew how to make a complaint or raise any concerns and were confident that any issues they raised would be dealt with. People told us they had no concerns and were aware of the complaints procedure. One person said, "If I had any concerns I would tell my son and they would discuss it with the [registered] manager." Another person said, "I complained about one carer and the [registered] manager arranged for them not to visit me again". A third person told us, "I wouldn't hesitate to raise any concerns that I had. Staff are very approachable and I'm sure if I had any problems they would be prepared to listen to me and sort through them with me." The complaints procedure was included in the care folder that was given to each person. The care staff told us that if anyone raised any concerns they would encourage them to phone, or raise the issues with, the registered manager for them.

## Is the service well-led?

### Our findings

The registered manager was very passionate about providing a good quality service. The registered manager told us that to ensure that staff were not rushed when working with people, all visits were a minimum of five hours. The registered manager stated, "We are different from other agencies. We want professionalism and quality at all times. If I believe in it then the team believe in it and it cascades down to all of the staff. We are very clear about our expectations with all of the staff."

The registered manager stated that only staff with the right values were employed to work at the agency. They stated they achieved this by discussing various scenarios with prospective staff at the interview stage to identify how they would respond. When any issues were identified with staff working practices the registered manager encouraged staff to reflect on their work to see what improvements could be made and develop a personal plan to make improvements. Staff were clear about the values held by the service. One member of staff told us, "I treat [name of person] like they're my father."

Staff said that they felt supported by the registered manager and other office staff. One member of staff said, "They (the registered manager and other office staff) are always there when you need them."

There was an effective quality assurance process in place. Regular audits were carried out and action plans had been written when needed. The audits included checks of the documentation of people using the service including care plans and risk assessments, staff records, complaints, staff working hours and staff arrival and leaving times of visits to people to ensure they were arriving on time and staying the correct amount of time. The registered manager stated that this had helped them ensure that there were no missed visits to people within the last year. People had been asked to complete a satisfaction survey and the results had been positive. One person told us, "I really can't think of anything they need to improve." Another person told us, "The service is excellent." A third person told us, "I never had a problem contacting them (the agency) over the telephone and when I have asked if they can come and visit they have always done so promptly." A fourth person told us, "[Staff name] has just organised a date to come and do our next review. I have always found them to be very approachable and even if I telephone the office and ask to speak to her, if she is not available, she will usually call me back within the hour."

The registered manager stated that all staff responsible for completing care plans were expected to write one at least every eight weeks to keep their knowledge and practice up to date.

The staff assisted people in keeping links with their local communities by accompanying them shopping, to local garden centres and the library. One person told us, "I just love getting out and about, whether it is to the shops, the local garden centre, one of our lovely local coffee shops or even just a library. It's being out and about and the company that makes all the difference."

A business contingency plan was in place for any foreseeable emergencies. For example, the computer system could be accessed remotely so that if there was no access to the computers in the office it would not affect the running of the agency.

