

# Taystone Limited

# Prestige Nursing

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We visited the service on 21 July 2014. The inspection was announced. We gave the agency 48 hours notice ahead of our inspection visit.

The agency provided care and support to people of all ages and needs in their own homes. Services ranged from

1 hour visits to 24-hour nursing care. There were 89 people receiving a service at the time of our inspection. Many of them were children and young adults with physical and/or learning disabilities. The agency also provided services to older people and people who needed end of life care.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service was safe because people who used the agency were protected from the risk of abuse. The provider had taken steps to identify the possibility of

# Summary of findings

abuse and prevented abuse from happening. There were safeguarding adults and child protection policies and procedures in place, so that staff had the information they needed to help keep vulnerable people safe.

People we spoke with told us they felt safe with this agency. They told us they were treated with dignity and respect.

Risks to people's health and welfare were assessed with them or their representatives. Staff were provided with guidance about how to manage risks safely. Systems were in place to make sure that managers and staff learned from events such as accidents, incidents and complaints. This reduced the risks to people.

The Provider employed enough staff with the right knowledge; qualifications and experience to make sure people's individual needs were met. Safe recruitment procedures were followed to make sure that staff were suitable to work with vulnerable people. The majority of people we contacted told us that staff were reliable and always on time.

The service was effective because people were supported by staff who knew how to meet their needs in the way they preferred. Staff were provided with all essential training and any additional training they required to meet people's specific needs. For example, assisting people who were fed through gastric tubes or required help with physiotherapy programmes. Staff told us they received opportunities to meet with their line manager to discuss their work and performance.

Staff were knowledgeable about how to support each person in ways that were right for them. Staff were able to describe the needs of people they supported and the ways in which they met those needs. The manager told us how they were careful to match people with staff who had the right skills and would be compatible with them.

People who required support with eating and drinking could be confident that all staff had appropriate training in nutrition. Some people were helped to prepare food. Other people required support to eat and drink because to their medical conditions. Staff knew how to identify risks to people such as risk of choking or not getting enough to eat and drink. The agency worked with health

professionals such as speech and language therapists and dieticians to make sure people received the right kind of care and support with their nutrition and hydration needs.

People were supported with their health care needs. The agency worked in partnership with other agencies and health professionals to make sure people received their care in a joined up way. We contacted health professionals as part of this inspection. They told us that the agency provided good care. People's care records showed regular contact with people's GPs and other healthcare professionals where appropriate.

The service was caring because people and/or their representatives were fully involved in planning their care. People told us the staff were "kind, patient and helpful", "They never rush me". People commented on how consistent the care had been. They told us, "I've basically had the same two carers for three years so am very happy with this." and "These girls have known X for a long time now, X knows their voices well."

People told us they were always treated with dignity and respect. The agency had policies and procedures in place to make sure staff understood how to respect people's privacy, dignity and human rights. People gave examples of how staff treated them and their homes; "They say, may we go in here? before entering the bedroom." "They always clear up after themselves." And, "I take them on trust and they more than repay this".

The service was responsive because people received personalised care and support when, and in the way they needed it. People were invited to comment on and express their views about what was important to them. People told us they could change anything they needed to by contacting the office. They said that staff in the office responded quickly if they asked for anything to be changed such as times of visits or extra support. Staff were reliable and usually arrived on, or before time and stayed for the full length of time as agreed in their care plans. Staff were proactive in identifying and referring any changes in people's needs so that people continued to receive the support they needed.

People's concerns and complaints were encouraged, explored and responded to in good time. They were provided with information about how to make a complaint about the agency. Records of complaints

# Summary of findings

showed that people were listened to and taken seriously. For example, the manager responded to a recent complaint by sending a letter of apology which included the action the manager had taken to deal with the complaint.

The service was well led because the agency put people at the centre of what they did. There was an open and transparent culture at the agency. People were asked for their views which were taken into account in the way the service was planned and delivered.

Staff were confident in the management team and understood their roles and responsibilities to the people

they supported. Regular staff meetings gave staff the opportunity to make suggestions and raise any questions or concerns. The agency had a whistleblowing policy which was in the staff handbook.

Quality assurance systems included regular contact with people to monitor the quality of the service they were receiving. A member of the management team visited or telephoned people at regular intervals to make sure they were happy with their care and treatment. Records showed that identified shortfalls were addressed promptly.

# Summary of findings

## 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.

People told us they felt safe. Safeguarding procedures were robust and staff knew how to safeguard the people they supported from any kind of abuse. Effective risk management systems ensured that people were protected from avoidable harm.

Robust recruitment procedures were followed to make sure that only suitable staff were employed. There were enough staff to make sure that people were safe. Staff understood the requirements of MCA and DoLS and knew how to uphold people's rights.

Good



### Is the service effective?

The service was effective.

Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

People's health and personal care needs were supported effectively. Their nutritional needs were met and professional advice and support was obtained for people when needed.

Good



### Is the service caring?

The service was caring.

People were listened to, valued, and treated with kindness and patience. They were involved in planning and making decisions about their care and treatment.

Information about people was treated confidentially. Staff were careful to protect people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People's individual assessments and care were kept under review. These were updated as people's needs changed to make sure they continued to receive the care and support they required.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

Good



### Is the service well-led?

The service was well-led.

People's views were taken into account in the way services were planned and delivered. The staffing and management structure ensured that staff knew who they were accountable to and where to get support.

There were effective quality assurance systems in place to monitor and review the quality of the service.

Good



# Prestige Nursing

## Detailed findings

### Background to this inspection

We visited the agency on 21 July 2014. Our inspection team was made up of one inspector and one expert-by-experience who had experience of home visits and caring for people who used this type of service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with three members of staff and the manager during this visit. We contacted 18 people who used the service by telephone to ask them about their experience of the agency. We also sent questionnaires to health and social care professionals who provided health and social care services to people who used this agency. These included community nurses, local authority care managers and commissioners of services.

We were unable to observe care and support because this was provided in people's own homes. We looked at a range of records about people's care and how the agency was managed.

Before this visit, we gathered and reviewed information from notifications, health professional's comments about the service and previous inspection reports. At our last inspection we found the agency was compliant with the five essential standards of quality and safety we looked at.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. During our visit we looked at the agency's records. These included three people's personal records and care plans, three staff files and a sample of the home's audits, risk assessments, surveys, staff rotas, policies and procedures.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People told us that they felt very safe at all times with the staff who came to their homes and had no concerns. They told us they were treated with dignity and respect.

People who used the agency were protected from the risk of abuse. The agency had taken steps to identify the possibility of abuse and prevent abuse from happening. There were safeguarding adults and child protection policies and procedures in place, so that staff had the information they needed to help keep vulnerable people safe. Staff knew how to deal with issues relating to restraint and human rights. They had been trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were systems in place to enable staff to follow this legislation. No DoLS applications had been made at the time of our visit.

The registered manager ensured staff knew how to raise concerns about the possible abuse or neglect of vulnerable adults. Staff were provided with information about safeguarding adults and child. There were safeguarding policies in place, which detailed the actions staff should take to help keep vulnerable people safe. Safeguarding contact information for referrals and notifications were available in the office and in staff handbooks.

The manager and staff knew how to protect people from harm. Staff told us about their understanding of safeguarding and protecting people who they supported. Staff told us about their safeguarding training and knew how to recognise different kinds of abuse and whom they should report any concerns to. Staff were confident that any concerns that they reported would be acted upon. They also knew how to whistle blow if the agency did not take their concerns seriously. They said, "If I was worried about anything, I would talk to my manager." "I would talk to social services if it was really serious". All staff had been trained on whistle blowing. The manager was very clear about her responsibilities and the actions she would take if notified of a safeguarding allegation.

There were systems in place to respond to any emergencies during out of office hours to keep people safe. There was an on call system, to respond to any concerns or

emergencies including any safeguarding incidents out of office hours, on weekdays and at weekends. A member of staff confirmed this and said, "If we call the emergency phone number out of hours, the manager is always available".

People told us there were enough qualified, skilled and experienced staff to meet their needs. The staff team included nurses, support workers, supervisor/trainers and the manager. Rotas showed that all calls were covered and records showed there were no missed calls. The manager described how staff were recruited with specific skills to meet individual people's individual needs when new clients were taken on.

Staff were required to carry their ID badges with them. This meant that people had peace of mind because they were able to identify that any staff, supervisors or managers who visited their homes were employed by the agency.

The registered manager followed safe recruitment procedures. Staff files included completed application forms. Records showed that staff had been interviewed as part of the recruitment process. Each file contained evidence of satisfactory pre-employment checks such as criminal record checks, disclosure and barring services checks and references. Files also contained proof of identity such as copies of passports, driving licences and birth certificates. The provider made suitable checks to make sure that staff were insured to use their vehicles for work and any vehicles used were roadworthy to make sure their passengers were safe

Risks to people's health and welfare were assessed with them or their representatives. Staff were provided with guidance about how to manage identified risks safely, whilst supporting people to maintain their independence. Each person had a personal support plan. These included risk assessments which identified any risks to the person's health and safety. For example, falls and moving around safely. There was information about the action staff needed to take to make sure that any risks were minimised. For example how to support people to use moving and handling equipment correctly and safely and how to help people to maintain a safe environment.

# Is the service effective?

## Our findings

People were supported by staff who understood how to meet their needs in the way they preferred. People told us that staff had a good understanding of their needs. Their comments about staff included, “Very experienced ladies.” and, “They are streets ahead in their understanding.” Out of the 18 people we spoke with, 17 were very satisfied with the effectiveness of agency and the competence of staff. They all felt that the staff had been right for them and spoke highly of them and the agency.

Staff had the skills and experience they needed to carry out their duties. Records showed that staff had qualifications such as national vocational qualifications (NVQ) levels two and three which are required to meet people's needs. There was an induction programme in place for new staff. This included working alongside an experienced member of staff until they were deemed competent. The schedule of training showed that all staff received essential training. Staff also received additional training in people's specific needs. For example, assisting people who were fed through gastric tubes or required help with physiotherapy programmes. A physiotherapist told us they had trained the agency staff for one of their clients so that staff knew how to facilitate the person's physiotherapy programme.

Staff were provided with regular supervision and appraisal. Staff told us they met with their line manager to discuss their work and performance. Care and nursing staff were supervised by one of the nurse supervisors employed by the agency to make sure they understood how to meet people's needs. The nurse supervisor told us they were supported with their professional development and given opportunity to attend appropriate courses to update their knowledge and skills. Nursing staff visited people in their

homes to observe staff working to make sure they had the support they needed and that staff were competent. The manager told us, “Spot checks/supervisions are conducted regularly, minimum of four a year. This is often exceeded”.

People who required support with eating and drinking could be confident that all staff had appropriate training in nutrition and food hygiene. Some people were helped to prepare food. Other people required support to eat and drink because to their medical conditions. Staff knew how to identify risks to people such as risk of choking or not getting enough to eat and drink. The staff worked with health professionals such as speech and language therapists and dieticians to make sure people received the right kind of care and support with their nutrition and hydration needs. Care plans contained guidance for staff about the kind of support people needed. For example, ‘cut food into small pieces’. Some people required help with feeding via a gastric tube. Staff were provided with specific training in how to do this. Staff also supported people to attend hospital appointments such as the eating and drinking clinic to make sure they knew about their specific needs and how best to meet them.

The provider worked in partnership with other agencies and health professionals to make sure people received their care in a joined up way. Health professionals told us that the agency provided good care. They said that the agency worked closely with them to meet their clients' needs. They also said that the manager worked in partnership with them to provide a good service. People's care records showed they had regular contact with GPs and other healthcare professionals where appropriate. People told us the staff provided good support with medication and oxygen and carers had a good understanding of their health needs. One person told us how staff supported them with their physiotherapy programme.



# Is the service caring?

## Our findings

People told us the staff were “kind, patient and helpful”, “They never rush me”. People commented on how consistent the care had been. Everyone said that they were always treated with dignity and respect. People gave examples of how staff treated them and their homes, “They say, may we go in here? before entering the bedroom.” “They always clear up after themselves.” And, “I take them on trust and they more than repay this”.

People's care needs were assessed before they received a service from the agency. A member of the management team visited people in their home to assess their needs and make sure the service would be suitable for them. As much information as possible was gathered about people including their background, interests and social histories to make sure staff knew how to provide appropriate care. The same staff supported each person; they knew them well and knew how to support them in ways that were right for them. A person told us, “I've basically had the same two carers for three years so am very happy with this.” The manager told us that consistency was a priority for the agency. The manager stated, “We focus on providing continuity of care as best practice to ensure clients are listened to and supported by staff they have built a professional relationship with and can trust”.

People or their representatives were involved in planning their own care. Care plans were signed by the person or their representative to show their agreement. These were reviewed regularly with the person to make sure they were up to date and reflected any changes in people's needs or wishes. People were encouraged to make their views about their care and treatment known. A member of the management team contacted or visited each person regularly to make sure they were satisfied with the way their care was provided.

Information about people was treated confidentially by staff. Information about people was handled confidentially. People were provided with the ‘guide to services’ which set out how their information would be used or shared. People's personal records were stored securely and there were systems in place to make sure the office was secure. Staff understood how to protect people's privacy and dignity. ‘Dignity in Care’ training was provided for all staff. This training included how to respect people's diverse and cultural needs. The agency had policies and procedures in place to make sure staff understood how to respect people's privacy, dignity and human rights. Care plans showed that people's diversity, values and human rights were recorded. For example information about religious beliefs and preferences in relation to the gender of care staff who supported them.



# Is the service responsive?

## Our findings

The service was responsive because people received personalised care and support when, and in the way they needed it. People told us they could change anything they needed to by contacting the office. The agency provided support to a number of children and young adults with physical and/or learning disabilities. Parents told us that staff in the office were flexible and responded quickly if they asked for anything to be changed such as times of visits or extra support. The agency also provided services to older people and people who needed end of life care. People told us they were visited regularly by the agency management. They made comments such as, “The senior one was here today, because of changes to X’s medication and feeding regime.” “They keep in touch all the time.” and, “I feel I know the office staff as well, and have a good relationship with them”.

The care and support people received was tailored to their individual needs. People’s care records contained information about their lifestyle choices and preferences and what was important to them. Staff told us how they supported people to make decisions about what they wanted to do and where they wanted to spend their time. People described the kind of care they received. This was mainly personal care. Some people had care through the night, others had support with developing life skills such as household tasks and food preparation, some people went out with staff to day centres, shopping or leisure activities. People told us staff were reliable and usually arrived on, or before time and stayed for the full length of time as agreed in their care plans. They told us that they were telephoned if there were any delays to let them know what was happening.

Staff were proactive in identifying and referring any changes in people’s needs health or social care professionals so that they continued to receive the right level of care and support. One person told us that staff

were very good and made suggestions about their care package, or said when they felt it needed to be increased, “I was really pleased about this because we were able to get more care for X”. We asked health and social care professionals how well the agency responded to people’s changing needs. All the responses we received were positive. A social worker told us, “The agency are happy to advise when amendments need to be made to a support plan. They have also been clear to advise through risk assessment when someone’s needs are beyond what can be provided by a care agency, for instance when one of our client’s needs changed and they required care in a nursing home”. The Manager of a Supported Living Unit, where one person lived, said that everything worked well with the agency and they were flexible.

People’s concerns and complaints were listened to, explored and responded to in good time. All the people we spoke with knew who to talk to if they felt unsafe or worried. They mentioned their care managers, the local council, their day centre managers and the Prestige Office. They told us the printed information given to them explained how to complain.

People were given information in the ‘Guide to Services’ about how to make a complaint. This information included the timescale for responding to a complaint, where to write to, who to ring and what would happen if they were not satisfied with the agency’s response. Details of other agencies people could contact such as the local government ombudsman, local authority social services were also included. Staff knew what to do if someone approached them with a concern or complaint. They were confident the manager would take any complaint seriously.

The agency maintained a complaints log. Records of complaints showed that people were listened to and taken seriously. For example, the manager responded to a recent complaint by sending a letter of apology which included the action the manager had taken to deal with the complaint.

# Is the service well-led?

## Our findings

People spoke positively about the management of the agency and felt the agency was well led. They told us they were asked about their views and felt listened to. They said, “I answered questions about my care recently.” “I cannot fault them.” and, “I would recommend Prestige to my friends”. A relative whose family member had care from several agencies, said, “They are always the best.”

This showed there was an open and positive culture at the agency because the agency put people at the centre of what they did. People’s views were taken into account in the way the service was planned and delivered. Staff were confident in the management team and understood their roles and responsibilities to the people they supported. Care staff were supported by branch nurses who in turn were supported by the manager and administrative staff. Regular staff meetings gave staff the opportunity to make suggestions and raise any questions or concerns.

We asked health and social care professionals if the service was well led. They all responded positively with comments such as, “The managers appear to know their staff well and make a point of knowing the service users and their likes and dislikes.” “I have found the agency to be reliable and effective and have had no complaints raised by service users or their families.” “X has been the manager for many years and is competent and confident in leading the service”.

The provider had a number of systems in place to assess and monitor the quality of the service people received. These included audits of staff training, complaints and care records. Spot checks were carried out regularly to observe staff practice. We spoke with the nurse supervisor who carried out the checks. They told us they notified the manager and called the member of staff concerned into the office for one to one supervision if any problems were identified.

Quality assurance systems included regular contact with people to monitor the quality of the service they were receiving. A member of the management team visited or telephoned people at regular intervals to make sure they were happy with their care and treatment. Identified

shortfalls were addressed promptly. For example a relative had some concerns about their family member’s safety and had raised these concerns with the agency who had taken action to immediately address these.

Risks were assessed and managed effectively to make sure people were protected from avoidable harm. Accident records were kept and audited monthly to look for trends. This enabled staff to take immediate action to minimise or prevent accidents. These audits were part of the agency’s quality assurance.

People and their representatives were asked for their views about the agency through annual questionnaires. Responses to the latest questionnaire which was completed in 2013 showed that people were generally happy with the service provided. The manager told us that they also ask people to assess the staff who provide their care by ‘asking them specific questions about their performance and service delivery, feedback is given and any changes are implemented’. People told us they were asked to complete questionnaires and, “They call us from time to time to ask us how things are going and if we are happy with our carers”.

Staff were clear about their roles and responsibilities and knew who they were accountable to within the agency’s management structure. There was a system in place for rewarding staff who had gone above and beyond expectations. This included a range of rewards from a free uniform up to a 50 pound voucher. Staff meetings took place regularly to make sure staff were kept up to date with any changes and had opportunities to raise any questions or concerns. For example staff had suggested that free uniforms could form part of the reward system and this had been implemented. The manager also operated an ‘open office’ where staff could come in at any time to discuss any issues. For example a member of staff come in to share concerns about a person’s medication. The nurse supervisor went to visit the person and liaised with the GP to find a solution.

Staff were aware of the values and culture of the agency. They were provided with a staff handbook when they started working for the agency. This contained a number of policies and procedures such as safeguarding, whistleblowing complaints and disciplinary procedures.

## Is the service well-led?

The policies and procedures gave guidance to staff in a number of key areas. The manager told us the handbook incorporated a clear set of values that included involvement, compassion, dignity and equality.