

Prestige Nursing Limited

Prestige Nursing Sleaford

Inspection report

1 Navigation Wharf
Carre Street
Sleaford
Lincolnshire
NG34 7TW

Tel: 01529414818

Website: www.prestige-nursing.co.uk

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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 ●

Summary of findings

Overall summary

Prestige Nursing Sleaford is registered to provide nursing and personal care for people of all ages who live at home. The service is also registered as a nurses'/care staff agency. As such it can provide nurses and care staff to work in residential settings that are run by other registered persons. In our report we refer to these parts of the service as being the 'domiciliary care service' and the 'nurses'/care staff agency' respectively. When reporting our findings we generally refer to care staff working in both parts of the service unless otherwise stated.

At the time of our inspection visit, both parts of the service only provided personal care. The domiciliary care service provided assistance for 63 people who lived in Sleaford, Ruskington, Heckington and Helpringham. The nurses'/care staff agency provided a small number of care staff who worked in five residential care settings all of which were located in south Lincolnshire. These members of staff were provided on a shift by shift basis as and when requested.

As part of its domiciliary care provision, the service also delivered palliative care. This part of the service covered the whole of the county. It involved care staff providing intensive personal care for people who were receiving care at home and who were nearing their end of their lives.

The service's office was in Sleaford.

Prestige Nursing Sleaford is operated by a company. There was a registered manager. 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. In this report when we speak about both the company and the registered manager, we refer to them as being, 'the registered persons'.

At the last inspection on 13 August 2015 the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been helped to avoid preventable accidents and medicines were safely managed. There were enough care staff in the domiciliary care service and planned visits had been reliably completed. Background checks had been completed before new care staff had been appointed.

Care staff had received training and guidance and they knew how to care for people in the right way. In the domiciliary care service people were supported to prepare meals and care staff made sure that they had enough to eat and drink. In addition, people had been helped to obtain all of the healthcare assistance they needed.

In the domiciliary care service people were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People who used the domiciliary care service people told us that they were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. When necessary, people had been supported to access independent lay advocates and confidential information was kept private.

Care staff in the domiciliary care service had involved people and their relatives in making decisions about the care that was provided. People had been given all of the assistance they had agreed to receive. Care staff promoted people's ability to pursue their hobbies and interests. There were arrangements for quickly and fairly resolving complaints.

People who used the domiciliary care service had been consulted about the development of the service and quality checks had been completed. There was an established staff team and good team work was promoted. Care staff had been supported to speak out if they had any concerns about people not receiving safe care.

Further information is in the detailed findings below.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

Prestige Nursing Sleaford

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from one of the local authorities who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service's office on 21 August 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice. This was because they are sometimes out of the office and we needed them to be there to contribute to the inspection.

During the inspection visit we spoke with a member of care staff and the recruitment consultant. The recruitment consultant oversaw the training provided for care staff and also completed some of the introductory visits to meet with people when they were deciding whether to use the domiciliary care service. We also spoke with the care coordinator. They were based in the office and who organised the weekly work rosters in the domiciliary care service that listed the visits each member of care staff was due to complete. In addition, we met with the field care supervisor who also worked in the domiciliary care service. This member of staff both completed visits to people's homes and checked that care staff were working in the right way. We also spoke with the registered manager.

While at the office we looked at the care records for three of the people who received assistance at home. We also examined records that related to how both parts of the service were managed including staffing, training and quality assurance.

On 22 August 2017 we spoke by telephone with three people who used the service the domiciliary care service and with four of their relatives. We did this so that they could tell us about their experiences of using the service. In addition, we telephoned six care staff for them to tell us how well they were supported by the service to care for people.

Is the service safe?

Our findings

People who used the domiciliary care service said that they felt safe when in the company of care staff. One of them remarked, "The staff are very good and I quite look forward to seeing them." Relatives were also reassured that their family members were safe. One of them said, "I'm very happy to know that the care staff are going in to see my family member every day because then I know that they're safe."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that the registered manager and care staff knew how to recognise and report abuse. This was important so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We noted that since our last inspection there had been an occasion on which the registered persons had liaised with the local safeguarding authority and with the police. This was because care staff in the domiciliary care service were concerned that a person was making unnecessary payments to an internet company. The registered persons' actions resulted in the payments being discontinued so that the person could be kept safe.

People using the domiciliary care service had been helped to avoid preventable accidents. Records showed that the registered manager and care staff had identified possible risks to the health and safety of each person who used the service. As necessary, they had then taken action in consultation with health and social care professionals to promote people's wellbeing. An example of this was the registered manager arranging for people to have easy-to-use telephone equipment in their homes so that they could quickly call for assistance if necessary.

In addition, we noted that the registered persons recognised the importance of investigating any accident or near miss that occurred in the domiciliary care service. This was so that steps could quickly be taken to help prevent the same thing from happening again. A relative commented on this matter saying, "I do think that the service is forward looking and the staff let me know if there's an issue with my family member such as with their house that needs sorting out."

People who used the domiciliary care service and their relatives told us and records confirmed that care staff helped to ensure that medicines were safely managed. This included people being helped to order medicines so that they always had enough and being assisted to take them at the right times. Speaking about this a relative remarked, "I'm reassured that the staff help my family member with their tablets so they don't get in a muddle."

We found that there was enough care staff in the domiciliary care service to reliably complete all of the visits that had been planned. Records showed that planned visits were consistently being completed at the right time and they had lasted for the correct amount of time. This helped to reassure people that their care was

going to be provided in line with their expectations. A number of people commented positively about this. One of them said, "Time keeping is very good given the traffic around here." In addition, we were told that all of the requests the service had received in relation to the nurses'/care staff agency had been fulfilled.

The registered persons had correctly completed background checks when appointing new care staff. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from previous employers. These measures helped to establish applicants' previous good conduct and to ensure that they were suitable people to be employed in either part of the service.

Is the service effective?

Our findings

People who used the domiciliary care service told us they were confident that care staff knew how to provide them with the care they needed and wanted to receive. Speaking about this a person commented, "I've got to know my main care staff very well and they know exactly how I prefer things to be done."

Care staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The recruitment consultant told us that new care staff then received additional training that complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff regularly met the registered manager and recruitment consultant to review their work and plan for their professional development.

Records also showed that care staff had received refresher training in key subjects. This was designed to ensure that their knowledge and skills were up to date. These subjects included how to safely help people who experienced reduced mobility, the provision of basic first aid and the promotion of good standards of infection control. In addition, we found that care staff in practice knew how to care for people in the right way. An example of this was care staff knowing how to help people keep their skin healthy.

We noted that people who used the domiciliary care service had been provided with the assistance they needed to ensure that they had enough to eat and drink. This included people being helped to do their shopping and to prepare their meals. Relatives valued this part of the assistance their family members received. One of them said, "I like to know that my family member is getting at least one hot meal every day which I don't think would happen if it wasn't for that staff."

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered persons and care staff in the domiciliary care service were following the Mental Capacity Act 2005 in that they were supporting people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave us practical examples of this in action. They described how care staff had kindly explained to them how important it was to be careful when opening the door to people they did not know.

Records showed that on a number of occasions when people using the domiciliary care service lacked mental capacity the registered persons had contacted health and social care professionals and relatives. This had been done to ensure that decisions were taken in people's best interests. An example of this was the registered manager liaising with key people after care staff became concerned that a person could not safely live at home even with the assistance they were providing.

People using the domiciliary care service said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included the registered manager and care staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern.

Is the service caring?

Our findings

People who used the domiciliary care service were positive about the quality of the care they received. One of them said, "The staff are excellent. They're kind and caring while being professional at the same time." Relatives were also complimentary with one of them remarking, "My family member tells me that they like the staff and see them as friends."

People who used the domiciliary care service said they were treated with respect and with kindness. An example of this was the way in which people were introduced to the service. We noted that this involved the registered manager or recruitment consultant meeting with people who were considering using the service in order to answer any questions they may have. Further examples were people being sent birthday and Christmas cards.

We found that care staff in the domiciliary care service knew about things that were important to people. This included them knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I like how the staff keep in touch with me so that I know what's going on."

Records showed that most people who used the domiciliary care service could express their wishes or had family and friends to support them. However, for other people the registered persons had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that care staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the domiciliary care service they were asked how they would like care staff to gain access to their homes. In addition, there were arrangements for care staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting relatives and the emergency services so that help could be provided if a person needed assistance and could not open their front door.

We saw that records which contained private information were stored securely. We also noted that the service's computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not in use.

Is the service responsive?

Our findings

People who used the domiciliary care service appreciated the way care staff provided them with all of the assistance they needed. One of them said, "The staff do a lot for me and help me with all of the things I need." Relatives were reassured that their family members received the right care. One of them told us, "I know that my family member gets all the visits they pay for and that staff give them all of the help we've agreed for them to receive."

Each person who used the domiciliary care service had a written care plan a copy of which was left in their home. People said that they had been invited to regularly meet with the registered manager or recruitment consultant to ensure that the service continued to meet their needs and wishes.

People who used the domiciliary care service also said that care staff reliably provided them with all of the practical everyday assistance they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. We examined records of the tasks care staff had completed during a number of recent visits. We found that the people concerned had been given all the practical assistance they had agreed to receive as was described in their care plans.

Care staff were confident that they could support people who lived with dementia and/or who had special communication needs. This included care staff knowing how to effectively support people if they became distressed. A member of care staff in the domiciliary care service illustrated this by describing how they reassured a person by sitting quietly with them and chatting about everyday subjects such as local shops and television programmes.

We noted that care staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example of this in the domiciliary care service was the registered manager saying that they consulted with people about the gender of the staff who assisted them. In addition, the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

We noted that care staff in the domiciliary care service had supported people to pursue their interests and hobbies. An example of this involved people being helped to go out and about in the community to go shopping and to chat with neighbours. We also found that care staff helpfully re-arranged the times of visits so that people could attend events such as hospital appointments and family gatherings.

People who used the domiciliary care service and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered person aimed to address any issues brought to their attention. In the 12 months preceding our inspection the registered persons had received one formal complaint involving a person who used the domiciliary care service. Records showed that it had been fully investigated and quickly resolved to the satisfaction of the

complainant. The registered manager told us that they had not received any complaints in relation to the nurses'/care staff agency.

Is the service well-led?

Our findings

People who used the domiciliary care service and their relatives told us that they considered the service to be well managed. A relative remarked, "Yes, I do think it's a well-run organisation. The staff arrive on time, they look professional and they do what we've paid for. The bills are accurate and the office staff are helpful when you need something."

People who used the domiciliary care service and their relatives had been consulted about the development of the service. Records showed that this included them being invited to give feedback by completing an annual questionnaire. We saw that in the most recent questionnaires people had consistently given the service a high approval rating. The registered manager told us that they had received similarly positive feedback in relation to the nurses'/care staff agency.

Records also showed that the registered persons completed a number of quality checks in relation to the domiciliary care service. These were done to ensure that the service was running in the right way to reliably provide people with the assistance they needed. The checks included the care coordinator regularly examining electronic and paper records that care staff created each time they completed a visit. This enabled the registered persons to check that visits were being completed on time and that they lasted for the right amount of time. They also involved making sure that each person had been provided with all of the care they had agreed to receive. In addition, records showed that a senior member of staff regularly completed 'spot checks' to people's homes to make sure that care staff were correctly delivering care. In addition, the registered manager told us that they regularly consulted with senior staff who managed the residential settings in which the nurses'/care staff agency care staff worked. This was done to confirm that their members of staff had been checked and were delivering care in the right way.

In the domiciliary care service there were policies and procedures to develop good team working practices so that people consistently received safe care. There was always a senior member of staff who could be contacted by care staff if they needed advice. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that care staff had the systems they needed to care for people in a reliable and coordinated way.

The registered persons had told us about any significant events that had occurred in the service. In addition, they had correctly displayed in the office the quality ratings we gave at our last inspection.

Care staff told us that there was an open, relaxed and friendly approach to running the service. They also said that they could speak to the registered manager if they were to have any concerns about the conduct of a colleague. They were confident that robust action would be taken if they raised any concerns about poor practice.