JDW Consulting Limited

Prestige Nursing - East Lancs

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

Summary of findings

Overall summary

Prestige Nursing Agency provides trained nursing staff and health care assistants to hospitals, care homes and to individuals in their own homes. People who use the service may be funded through the NHS, the local authority or opt to pay privately. The agency provides services to children as well as adults and also nursing and personal care to people at the end of their lives. The agency operates from offices within Blackburn Rovers football stadium and there is ample parking. The offices can be reached using a lift and is well positioned on local public transport routes. The service was currently supporting 43 adults and children with many having complex needs.

The service were last inspected on the 13 February 2014 when they met all the regulations we inspected.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Plans of care were individual to each person and showed staff had taken account of their wishes. Plans of care were regularly reviewed.

People who used the service had complex needs and staff were trained in how to support each individual. We saw details in the plans of care for how staff should support people to take sufficient food and fluids.

People who used the service had access to a range of activities they enjoyed and were suitable for their age and abilities.

The agency asked for people's views about how the service was performing and we saw evidence that the manager responded to their views.

There was a suitable complaints procedure for people to voice their concerns. There had not been any major concerns since the last inspection.

Family members said staff knew how to communicate with their relatives and one family member in particular said staff could converse with her relative's complex non-verbal communication style.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Management conducted audits to ensure the service was performing well or devised an action plan for any area they found lacking.

The office was suitable for providing a domiciliary care service and was staffed during office hours and there was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to and they responded when contacted to discuss care or other arrangements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and had their competency checked regularly.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably inducted, trained and supported to provide effective care.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle if this was part of their care package. People were supported by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring. Three family members told us staff were trustworthy and kind.

We saw that people who used the service, family members and other professionals had been involved in developing their plans of care. Their wishes and preferences were taken into account.

Some staff members had been trained in end of life care which should help support people and their families during this difficult time.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints

procedure for people to voice their concerns.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.

People were supported to attend suitable activities if this was a part of their care package.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this nursing agency.

There was a recognised management structure that staff were aware of and on call staff for people to contact out of normal office hours.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

Prestige Nursing - East Lancs

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 checked 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.

In accordance with our guidance we told the provider we were undertaking this inspection to ensure someone was in the office to meet us. This announced inspection took place in the office on the 30 March 2016, contacting relatives and professionals on the 01 April 2016 and was conducted by one inspector.

This service supports people who live in their own homes or provided support in other settings such as a school. We looked at the care records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. People who used the service had complex needs and could not communicate with us verbally. We spoke with three family members, a manager of another service, the registered manager and two staff members.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used the document to help plan the inspection.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the service. No concerns were raised.

Good

Is the service safe?

Our findings

A manager from another service said, "The service send reliable staff." Relatives told us, "We get the same team. They are reliable and trustworthy. We feel safe with them", "On the whole they are reliable and all are trustworthy", and "They are very trustworthy and caring."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to follow to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice. The registered manager was aware of and had been involved in a safeguarding incident so knew the process to follow.

We looked at three staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people. There was a system for regularly checking any nurses were up to date and remained validated with the Nursing and Midwifery Council.

Relatives of people who used the service said staff turned up for work as expected which meant sufficient staff were employed by the agency to meet people's needs.

We looked at three plans of care in the office. Plans of care contained risk assessments for personal risks for falls, tissue viability (the prevention of pressure sores), moving and handling and nutrition. There were also environmental risk assessments for hazards in the property, outside the property and any risks for a member of staff working alone. We saw that where a risk was identified help was sought from staff such as District Nurses and a record of any equipment needed was recorded in the files. There were further risk assessments for if a person was at risk of financial abuse, had behaviours that may challenge, or going out in the community. The risk assessments were to keep people safe and did not restrict their lifestyle.

From looking at the training matrix and staff files we saw staff had been trained in the safe administration of medicines and had policies and procedures they could refer to. This meant they should be able to administer medication safely. Dependent upon the care package staff may or may not have to administer medicines. Each person had a competency assessment to make sure those people who administered their own medicines were safely able to do so.

Plans of care clearly showed what involvement staff had and any medicines staff witness or administered.

We saw that for most people the agency supported staff did not administer medicines. However, any medicines people took whilst staff supported them were recorded in a Medicines Administration Record (MAR). We looked at three plans of care in which the MAR records were stored. We saw there were no gaps or omissions and staff administered the medicines in the prescribed way and at the correct times. We saw that one person quite often refused her creams and ointments and professionals involved in the care of this person were aware of it. There was a record of if a person needed pain relief and if they had the capacity to tell staff.

Staff had access to the British National Formulary and a pharmacist for any advice they needed about medicines. Managers also undertook competency checks to make sure staff were following the correct procedures.

Two family members we spoke with were responsible for the administration of medicines for their family members.

People who used the service lived in their homes with family support. Family members were responsible for infection control. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons.

The service had just renewed their electrical equipment (computers and screens) but the registered manager was aware of the need to have them checked when they became due. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a property company. The manager told us any faults or repairs were quickly attended to. The facilities were in good order throughout the building.

Good

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

People in their own homes are not usually subject to DoL'S. However staff were trained in the MCA and DoL'S to ensure they were aware of the principles. The registered manager told us the service had been involved in a meeting for someone who required a DoLS and staff should be aware of reporting any potential issues to the local safeguarding team.

The registered manager told us no new staff had been employed for some time but any new staff were sourced through the local college and would have completed the care certificate which is considered best practice for people new to the care industry. The service would then complete their own induction which included key policies and procedures and matching them to look after a person with similar interests.

Three relatives told us, "They know what they are doing. I have been impressed", "They are very well trained. Sometimes we have to have a member of staff we don't know as well because they are on training, which is good" and They seem well trained and know how to look after my relative." A manager of a service the agency supplied staff to said, "We get the same staff so they know the people they look after but they are well trained."

We saw from the training matrix and three staff files that staff received training and refresher training including first aid, medicines administration, moving and handling, health and safety, infection control, food hygiene, end of life care, safeguarding adults and children, the prevention of pressure sores, nutrition, mental capacity, behaviours that can challenge, continence, dementia care and dignity in care. Staff were encouraged to take a nationally recognised course in health and social care and we saw from looking at staff records that most staff had completed one of these courses.

We saw that staff were appraised once a year and had regular (three monthly) supervision sessions with management. The supervision sessions were also supplemented with spot checks to ensure they were performing well with the person they looked after. This gave staff the opportunity to discuss their own needs

such as training.

People who used the service also had access to a wide range of professionals for their health and social needs. This included specialists in dementia, speech and language therapists, district nurses and hospital consultants. Staff would support people if required.

There was a system to check staff arrived on time and stayed the allocated time. The registered manager said the system could be used to divert free staff should a person's allocated worker be delayed ensuring people received the care they expected.

Staff were trained in safe food hygiene and nutrition. People lived in their own homes with family support and could eat what they wanted. The manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene. However, the registered manager said they would pass on information to the relevant professionals if they thought someone was taking a poor diet.

We saw that a person's nutritional needs were recorded in the plans of care and if any special needs were noted there was guidance for staff to follow. In one plan of care we saw a person was taking prescribed nutritional supplements. Staff were also trained if they were to look after someone who needed feeding via a tube to ensure they could do so safely.

The office was located in the Blackburn Football stadium. Whilst access was secure there were facilities for the disabled and a lift to reach the office if people needed to. There was a general office, manager's office and training room which could also be used for private meetings. The office was equipped to deal with day to day office management, for example, computers with email access, telephones and other office equipment such as a photocopier. There was at least one staff member always available to take calls and co-ordinate care during office hours and an on call service out of hours.

Good

Is the service caring?

Our findings

Three relatives told us, "The staff are polite and treat [my relative] with dignity. They are all helpful and kind", "We get the same team of staff which we need because [my relative] needs staff who know his body language. They are fantastic. We have a good relationship with all the staff who come here. We have used other agencies but they were not as good as this one" and "The staff differ. Some of the more mature ones are fantastic. They are all very caring." The family members we spoke with thought their relatives were looked after by caring staff.

All the personal records we looked at were stored securely to help maintain people's confidentiality.

We saw that there were a lot of personal details in a person's plan of care. There was particular emphasis on what a person could do for themselves to help them retain as much individuality as possible. This covered each visit staff made, for example, in the mornings the plans told staff how to get a person up and mentioned things like the person could wash their own face. This would help people feel valued.

Plans of care were developed with people who used the service and contained information about what a person liked and disliked, what was important to them and what they liked to do. This helped staff care for people as individuals.

We saw one person's plan of care contained details of what they wanted at the end of their life. All staff had undertaken end of life training and would be aware of the support people who used the service and relatives needed at this difficult time.

Good

Is the service responsive?

Our findings

Three relatives told us, "At one time they were lots of different staff. I spoke to them about it and it improved. They answered my concern straight away", "They would not have an option. If I had a concern they would listen because I would want to protect [my relative]. I get on well with them" and "I have no complaints. They try to accommodate all our needs. They would listen to me. I have nothing negative to say." People we spoke with thought the service responded to any concerns they had brought up or they would be listened to if they had a concern.

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further with if they wished, including the Care Quality Commission (CQC). No complaints had been made to the CQC or to the service.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services or other professionals also supplied details about a person's needs. The assessment covered all aspects of a person's health and social care and had been developed to help form the plans of care. Part of the assessment process looked at any specialised equipment that may be needed and training was provided when required. At the assessment stage staff with similar interests or background were matched to the person, which helped get a rapport between the two. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

We looked at three plans of care in the office during the inspection. Plans of care had been developed with people who used the service and family members who knew best what people liked. Staff were able to contribute to the plans and allied professionals involved in the person's care also offered advice. This ensured each person's care was tailored to meet individual expectations.

Plans of care were divided into headings, for example personal care, diet and nutrition, communication, mobility, pain relief and medication. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans contained details of how people could best support themselves with staff support. The plans were regularly reviewed and updated. Daily records were detailed and told us exactly how a person had been supported at each visit.

There was a record of the activities people wanted to engage in or liked. We saw one person liked to remain in contact with her family but remain independent and complete puzzles, crosswords or read. One person was being supported by a member of staff to work voluntarily in a charity shop. People were also assisted to go shopping for food or personal items. We also saw that people were supported to take a holiday or short break, eat out, go to shows, receive work experience in a supermarket or attend a college course. The registered manager said it was also important to sit and talk with people who used the service. People were supported to attend activities of their choice.

The service had a business continuity plan to ensure people could be cared for if there was an emergency at the service. This included how the service would respond if the office could not operate for emergencies such as electricity failure or bad weather. This service is part of a franchise and most records are kept on a computer system. The service could operate from any other office in the franchise.

We saw the service liaised well with other organisations such as social services and health organisations. We contacted the local authority and Healthwatch. Neither had any concerns.

We saw that the service regularly asked for feedback from people who used the service and family members. One survey form was around care and there was another about staffing. Questions for the care survey asked were are staff punctual, did staff wear ID and satisfaction with the service. We saw that the forms were audited by the registered manager and any changes to make care better were addressed such as for one person the time of visit was changed. All three surveys from the plans of care we looked at were 100% positive. We saw several staff member assessment forms completed by people who used the service and family members. This survey was conducted around a person's main care staff member and were again very positive. Comments included, "Our carer is excellent and mother is always pleased to see her" and "[Staff member] is brilliant. She does everything for me. She is very helpful. Keep it up."

Good

Is the service well-led?

Our findings

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Three relatives said, "I am very happy with this care agency. We really struggled to get a good service but Prestige look after [my relative] like I do. Which is what we want. Normally there is a person on call and they always ring you back if you don't catch them at the time", "You get a response from managers straight away if you need to talk to one of them" and "If I have ever needed a manager they have got back to me immediately. I am very happy with the service we get" Relatives we spoke with were satisfied managers were available to talk to and discuss their relatives care. A manager of a service the agency supplied staff to said, "They turn up in uniform and on time. I am more than happy with the service and you can contact the manager if you need to."

The office was open during normal office hours and there was an on call number to contact outside of these hours for advice or unforeseen emergencies.

The agency is a family concern and we saw that they integrated their roles in a professional and friendly manner. We saw there was good communication and there was a recognised management system for staff and people who used the service to contact should they wish to do so.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included complaints, confidentiality, equality and diversity, health and safety, safeguarding, lone working, medicines administration, the Mental Capacity Act, recruitment and infection control. The policies had been regularly reviewed to keep staff up to date with any guidance. The registered manager said if any policy was changed staff training was updated to ensure they were kept up to date.

There was a daily staff handover for management to pass on any changes to care staff. Staff were also briefed weekly, had access to the weekly bulletin which contained information around the running of the service and if involved in the care of an individual would partake in a complex care team meeting, which may also involve other professionals. This kept staff up to date with people's needs or any changes to their care and condition. Staff were also able to have their say in any staff meetings. Staff were invited to take part in surveys and we saw that the results from staff were positive.

Staff were issued with a handbook to refer to for good practice. The handbook contained key policies and procedures, rules for working at the service, communicable diseases, codes of practice, complaints and compliments, confidentiality, equality and diversity, personal safety, promoting good nutrition, independence, religious beliefs and working practices such as wearing the right uniform or ID. It also gave staff useful telephone numbers such as the Care Quality Commission, the Nursing and Midwifery Council and the Inland Revenue office. This should help staff follow what the service considers to be good practice.

The service is part of a franchise and were audited regularly by the head office. Audits by head office included the quality of care plans, training, supervision, compliance with agency legislation, specialist training and if staff were dressed appropriately and had their ID. We saw that recommendations were sometimes made and how the registered manager had responded to improve the service.

Managers conducted spot checks on care staff to ensure they were providing the care they were contracted for and how well they were performing. This also sometimes gave managers the chance to talk to people who used the service or a family member.

All care plans were audited regularly with a full audit every six months. Other audits included visit and duration times, training, supervision, risk assessments, accidents and incidents. There were sufficient audits to ensure the service was running effectively.

The service were accredited with ISO (001:2008), ISO 9001:2008 which is based on eight quality management principles, Customer Services Excellence, which measures customer satisfaction with the service, Employer of Excellence, which shows the service has the framework in place for ensuring that excellence and 'best practice' are achieved throughout the human resource management process and were registered with the Information Commissioners Office which meant that they had to follow safe practices with the handling of personal information.

We looked at some comments made by people who used the service which included, "I would like to thank all the staff who have been involved with the care of my relative and could not have asked for anything better. I would recommend your agency to anyone", "Special thanks to Prestige care for all their help and support", "Thank you for the support you gave to me through the most difficult time of my life. Keep up the good work", "Thank you for all the support and kindness that you have shown to me and my family at this sad time" and "We would like to thank you and your team for taking care of [our relative]. Your calm professionalism was great and we really appreciated all the help and support you gave us.

People who used the service or their families were given documentation such as a Statement of Purpose which explained the services aims, objectives and structure of the service and a service user guide which gave people information about the facilities and services the agency provided. These documents gave people sufficient information to know what they could expect when they used this agency.