

Prestige Nursing Limited

Prestige Nursing Taunton

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

About the service

Prestige Nursing Taunton is domiciliary care agency that provides personal care to adults and children across Somerset. The services cover people with short or long-term healthcare needs, which range from regular daily visits up to 24-hour live in care. When we visited, the agency supported five people, each with complex care needs. People were referred to the agency by Somerset Continuing Health Care (CHC) team, following an assessment of their needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Families gave us positive feedback about the service. They said staff were caring and compassionate and treated people with dignity and respect. Feedback comments included; "I would recommend them to anybody they just seem to know what needs doing and get on with it in an efficient and effective way." Also, "The carer has built a really positive relationship with my relative. One built on respect for one another" and 'They provide a wonderful service.'

People felt safe with the staff who supported them. Staff understood the signs of abuse and felt confident any safeguarding concerns reported were listened to and responded to. People received their prescribed medicines safely and on time. People's risk assessments and care plans provided staff with detailed, up to date information about how to safely care for each person.

We were assured the service were following safe infection prevention and control procedures to keep people safe with regard to the current COVID 19 pandemic. The service had monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

People received safe and effective care because training, supervision and competency checks ensured staff had the necessary qualifications, skills and experience. Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care from staff who knew them well and how to support their needs.

The service was well led. Staff felt well supported and reported good communication, team working and staff morale. Quality monitoring systems were used effectively to oversee the safety and quality of the

service and make continuous improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 27 January 2020 and this was the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well led findings below.

Good ●

Prestige Nursing Taunton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector visited the service and an Expert by Experience made calls to families to gain their feedback. None of the people the agency provided personal care for were able to tell us directly about their experiences of care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a new branch manager who had applied to register with the Care Quality Commission. Currently, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection. We visited the office location on 12 May 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

In preparation for the inspection, we reviewed all the information we held about the service such as our contacts with them and notifications. A notification is information about important events which the service is required to send us by law. Due to the COVID -19 pandemic, we requested a range of documents prior to the inspection such as policies, procedures, information about staffing, staff training and quality monitoring information. We used all of this information to plan our inspection.

During the inspection

Instead, we sought feedback from six relatives, spoke to five by telephone and received one e mail response. We looked at two people's care plans and their medicine records.

We spoke with the branch manager and regional manager and with four staff, which included office and care staff. We reviewed a range of quality monitoring records such as audits, policies and procedures. Also, staff recruitment, training and supervision records. We sought feedback from professionals who regularly worked with the service and received two responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. Feedback comments included; "[Person] is definitely safe, I have every faith in them," and "They [staff] are part of the family."
- People were protected because all staff received training on how to recognise and report signs of abuse. Policies and procedures gave staff clear information about how to report abuse concerns and the steps to be taken in response. Staff said they would not hesitate to report any concerns and were confident the manager would take action to make sure people were protected.
- The manager recognised signs of abuse. They made the local authority safeguarding team aware of any potential concerns and worked with them to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Initial risk assessments were carried out with people and families before they began to use the service. People's care plans included ways to minimise risks for people, for example, in relation to falls, the use of equipment and to prevent pressure sores.
- Environmental risk assessments were undertaken so staff were aware of any hazards. For example, the need to make sure floor areas were kept clear and avoid trip hazards, so a person could move around their home safely.
- Accidents and incidents were reported by staff and analysed by the manager. This enabled them to learn from events and share that learning with staff. For example, following an accident with a hot drink, new measures were put in place to prevent a recurrence.

Staffing and recruitment

- People received care and support from a small team of skilled care staff they knew and trusted.
- Relatives said the service was reliable, staff arrived on time and stayed for the agreed time. A relative said, "We have a great team of carers who have got to know my relative. [Person] prefers older carers and Prestige have accommodated that." Another said, [Person] is very safe, carers are all regulars and all stick to the care plan."
- Risks to people were minimised because the provider had a robust recruitment procedure which made sure all new staff were thoroughly checked and vetted before starting work.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and assessed to make sure they had the required skills and knowledge.
- Medicines administration charts (MAR) gave staff clear instructions about each medicine, such as dosage

and frequency of administration.

- Regular audits of MAR charts were completed to check staff were administering medicines on time and in the correct way.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices, including COVID 19 precautions. The provider's infection prevention and control policy was up to date.
- The provider made sure staff had access to personal protective equipment such as disposable facemasks, gloves, aprons and alcohol gel.
- People and families confirmed that staff washed their hands, used face masks at all times and wore personal protective equipment such as aprons and gloves for personal care.
- Infection control checks were undertaken to ensure staff followed the correct procedures to prevent cross infection risks and used personal protective equipment effectively and safely.
- All staff had regular tests for COVID 19 and followed self-isolation procedures, if necessary, to prevent cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to ensure they could be met. This included reviewing detailed assessments provided by commissioners about the person's health care and care needs.
- People's care plans gave detailed guidance to staff about how to meet individual needs. Evidence based tools were used to assess people's moving and handling, nutrition and skin care needs. Care plans were regularly reviewed and updated as their needs changed.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who had the skills and knowledge to meet their needs. Comments included; "The carers from Prestige are first rate because they are so well trained, they know what to do and how to do it" and "Staff know exactly how to support [person] in the best way."
- All new staff completed initial training and assessment to ensure they had the right skills for the role. They worked alongside experienced staff to get to know people's needs, known as 'shadowing'.
- Staff undertook regular training and updating. Online training included infection control, food safety and first aid training. Staff also received face to face training, such as moving and handling, to make sure they used equipment safely and had up to date techniques.
- Where people had complex healthcare needs, a regional lead nurse supported branch staff by carrying out any specialist training to ensure staff had the right skills to meet the person's needs. For example, how to use breathing equipment and support people receiving nutrition and medicines via a feeding tube.
- Staff praised training and development opportunities at the agency. One staff said, "They are really good with training, such as dementia awareness courses, there is always someone to give you advice 24 hours a day."
- Staff received regular supervision, so they could discuss their work and receive feedback. Regular checks were carried out to ensure staff had the required skills. Where any additional training or support needs were identified, these were provided.

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

- People were supported with their changing healthcare needs. Professionals said staff recognised changes in people's health, sought professional advice appropriately and followed that advice. A relative said, if there was a health issue, they would contact us or call for medical assistance in an emergency. Another said, "[Person] has difficulty in moving, but the carers support [person] so they try to keep some movement."
- Staff worked with local healthcare professionals to support a person living with dementia to remain living

safely at home. For example, they worked with the person's GP, older people's mental health team and commissioners to identify triggers for any behaviours that challenged. Together they developed strategies staff could use to support and manage the person effectively to live at home.

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

- Staff supported several people with their nutrition and hydration. They discussed menu options and prepared food the person liked. Records of food and drink were recorded, so staff could make sure people were eating and drinking enough.
- Staff were aware of people's food and drink likes and dislikes and any dietary restrictions. For example, that a person liked their food served hot on a heated china plate and may need help to cut up their food. Also, that they liked care staff to eat with them and were unlikely to start their meal until they joined them at the table.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent before delivering any care or treatment. For example, for personal care.
- Staff had a good understanding of principles of consent. They had undertaken training on dementia awareness, MCA and best interest decision making. A relative said, "They always contact me if they have any concerns about persons' health condition, so that we can decide what to do."
- There were systems and processes in place for assessing capacity and for documenting best interest decisions. For example, where a person was subject to restrictions on their freedom for their safety, staff had consulted family and professionals in reaching a 'best interest' decision to accompany the person, whenever they went out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives praised staff who were caring and compassionate. Comments included, "The care and support [person] gets is excellent. I can't fault it. Carers treat [person] with utter respect" and "Staff are all very respectful and my relative really likes that."
- Staff received equality and diversity training, and understood the importance of treating people fairly, regardless of differences. The service had relevant equality and diversity policies in place.
- People's care plans included details about what was important for person. For example, that a person preferred more mature female care staff.

Respecting and promoting people's privacy, dignity and independence

- Care workers protected people's privacy and dignity, including closing doors and drawing curtains when undertaking people's personal care.
- Staff supported people to be as independent as possible. People's care records captured what people could manage independently and what they needed staff support with. For example, '[Person] can sit, stand, lie down and manage stairs alone but needs to hold both handrails.' A relative said, "[Staff name] sole focus is ensuring that my relative has the best quality of life possible."
- Staff supported people to keep in contact with families, friends and others in the community. A relative said, "[Person] has limited mobility and uses a wheelchair. [Staff] will often go out with them, which has made a real difference. My relative can share their knowledge and experience of the local area, which makes them feel valued despite their condition." Another family appreciated that staff accompanied them on their family holiday, so they could continue the person's care. This meant they could spend quality time together as a family.

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

- People and families were consulted and involved in decision making about the person's care. One relative said, "We keep one another informed of any changes need to be aware of."
- Staff offered people day to day choices relating to clothes, meals and drinks. People's care records had good details about each person's communication needs. For example, 'Offer choice, person will often say no to both options, so show them and describe it, so they may make a choice.' A relative said, "They talk with [person] as they work, even though [person] can't respond by voice, their expressions show so much."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person centred care, personalised to their needs and preferences. Staff quickly got to know people and families and established a rapport with them. A relative said, "Staff have a really good understanding of what [person] likes and what makes [person] tick, and they always try make sure that is what they get."
- Relatives told us about ways in which involvement of care staff had benefitted the person. For example, staff supported a person to get a kitten and to take care of it. This had helped the person's wellbeing.
- People's care plans were detailed, personalised about the care and support they needed. For example, for a person with poor sight, staff were advised to place drinks on the side that person had better sight.
- Care plans included details about people's life history, hobbies and interests, so staff could engage in relevant conversations of interest to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about the support people needed with any sight or hearing impairments.
- Information about the service was available in large print for people with visual difficulties.

Improving care quality in response to complaints or concerns

- People and families knew how to raise a concern or complaint if they were unhappy about anything. A relative said, "We have not had any reason to complain. If we have to change something they will always listen and act appropriately, which gives us confidence."
- A complaints policy was in place to guide staff which set out how concerns and complaints were investigated and responded to. Where a concern had been raised, this had been responded to positively, with improvement actions agreed, that the person and staff were happy with.

End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in their own home. Staff worked with local community nurses and GP's to ensure people were supported to remain at home with their family.

- Although no one was receiving end of life care when we visited, people who needed them had End of life care plans, which captured their decisions about what was important to them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The ethos of the service was to provide personalised care and support at home, tailored to people's individual needs. In support of that, the service promoted a positive culture through staff training, development and by continuously monitoring and improving the quality of care.
- Relatives, staff and professionals said the service was well led. A relative said; "I certainly feel that the service is well managed, we are extremely lucky to have their support which is so sensitive." A professional wrote, 'The agency support and advise care managers and identify ways care can be delivered to meet individual needs.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the requirements of duty of candour, which is to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. They contacted families to make them aware of any incidents and outlined actions taken in response to reduce risk.
- The service had whistleblowing policies and procedures, which encouraged staff to raise concerns in good faith, so they could be addressed.

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

- The manager set clear expectations about the standards expected and led by example. They said, "I am focused on quality and making sure I do the best job I can."
- Staff praised the communication and support. Staff comments included; "We have a really nice team," "I have confidence in [manager], she is doing a cracking job" and "[Manager] is knowledgeable, they deal with everything calmly and competently."
- The agency had robust quality monitoring systems in place. For example, regular audits of health and safety, medicines management and care records were undertaken. An action plan was completed for any improvement areas identified. For example, creating an improved risk assessment format and identifying further staff training needs.
- The manager sent monthly reports to the provider on key areas, such as staffing, staff training, accidents/incidents and complaints. The regional manager kept in regular contact with the branch and visited regularly to complete audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and families were consulted and involved in day to day decisions. They received a regular calls and review visits to ask for feedback and check how things were going. Survey forms were sent out every six months to seek feedback and suggestions for improvement.
- Staff were encouraged to seek support, share good practice ideas and identify further training needs through regular calls, supervision and via virtual staff meetings.

Continuous learning and improving care; Working in partnership with others

- People benefitted because staff worked in partnership with health, social care professionals and family members to make sure people received the care and support they needed. For example, the agency worked with another agency to provide a person's care jointly, so all the visits they needed were provided. A professional wrote, "Communication is easy, effective working together across the agencies to achieve common goals and outcomes."
- The service kept up to date with best practice guidance through regularly updated policies and procedures. The manager worked with other managers and specialist leads within the provider group to share learning and good practice ideas.
- Staff were kept up to date with developments within the company, health and social care and related to the COVID 19 pandemic. Further improvements planned in the near future included the introduction of person-centred electronic care records.