Prestige Nursing Limited

Prestige Nursing - Newcastle

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 and 19 January 2016 and was announced. The service was last inspected on 9 October 2013 and was meeting the regulations we inspected against at that time.

Prestige Nursing – Newcastle provides personal care to people living in their own homes in the North East of England. Care is provided to people with a range of specific needs. The service was registered for three other regulated activities. However, at the time of our inspection only personal care was being provided. Eight people were receiving personal care from the registered provider.

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

We found the registered provider had breached the regulation about medicines. This was because medicines administration records (MARs) did not support the safe management of medicines. In particular some MARs were undated making it difficult to confirm people had received their medicines when they were due. There were unexplained gaps on all of the MARs we viewed. Medicines audits were ineffective and inconsistent.

You can see what action we have asked the registered provider to take at the back of the full version of this report.

People were happy with care they received from the service. They were cared for by kind and caring staff who knew their needs well. One person told us, "I wouldn't know what to do without them." Another person said, "I have had the same carers for nearly two years now." People also told us they were treated with dignity and respect. One person said they were "treated nicely." Another person told us, "I am treated with dignity and respect."

People and staff told us they felt the service was safe. One person commented, "100% safe."

Staff had a good understanding of safeguarding adults and whistle blowing, including how to report concerns. One staff member commented, "I have not had to use it [whistle blowing]." Staff told us they felt concerns would be dealt with thoroughly.

Potential risks had been assessed, such as risks associated with the person's care and support and their living environment. Risk assessments did not always record the measures in place to control the potential risks.

Most people were cared for by reliable and appropriately recruited staff. One person said, "[Staff] stay the

full length of time. They are very, very reliable." Staff members told us they had the time they needed to care for people.

There was a business continuity plan to help keep people safe in emergency situations. The registered provider had a system for logging and investigating incidents and accidents. Action had been taken following previous incidents to help prevent the situation from happening again.

People were usually cared for by skilled and competent staff. One family member said, "[Staff] are all very keen to learn." Records confirmed staff training was up to date. Staff said they were well supported to carry out their caring role. One staff member described the support they received from the registered provider as "really good." They said, "I can bring up concerns. There is an open door policy."

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA). A MCA assessment and best interest decision had been made on behalf of one person. People were asked for permission before receiving care and staff respected their right to refuse.

Support plans contained specific guidance for staff to help them support people with more specialist health conditions. People had been assessed by health professionals, such as a speech and language therapist.

The service was responsive to people's needs. One family member commented, "Very good, nothing is a bother." Another family member told us, "They are there for when I want them. They come straightaway."

People had been involved in developing care plans following an assessment of their needs. One person told us, "I have a care plan. I was involved all the way." Another person said, "We talked it over [care plan] along with [my relative]." Outcomes had been identified for people based around what was important to them.

People and family members knew how to complain, although nobody we spoke with had complained to the registered provider. One person said, "I have not raised any concerns." Another person said, "I have no complaints at all." One family member told us, "I have not really had a complaint. I would speak to Fay [registered manager]. She would deal with it pretty quick." One complaint had been received in 2015 and was currently being investigated at the time of our inspection.

The registered provider had not always made the required statutory notifications to the Care Quality Commission. We are dealing with this issue outside of the inspection process.

We received positive feedback about the approachability of the registered manager. One person described the registered manager as "very, very lovely." One staff member said the registered manager was "really approachable."

There were regular opportunities for staff to provide feedback about people's care through attending regular team meetings.

A quality assurance programme was in place to check people received good care. Checks included 'client reviews', telephone reviews, consultation with people using the service and a six monthly quality audit. These showed people were satisfied with their care with no areas of concern or areas for improvement identified. The last six monthly quality audit due in November 2015 had not been completed. We found no evidence quality assurance checks were used to promote learning or continuous improvement of the service.

People using the service and family members were consulted about the care the service provided. We saw positive feedback had been given during the most recent consultation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines records did not support the safe management of medicines and medicines audits were ineffective and inconsistent.

People and staff said the service was safe. Staff had a good understanding of safeguarding adults and whistle blowing, including how to report concerns.

Risk assessments did not always record the measures in place to control the potential risks.

Most people were cared for by reliable and appropriately recruited staff. Staff said they had the time they needed to care for people.

There was a business continuity plan to help keep people safe in emergency situations. Incidents and accidents were logged and investigated.

Is the service effective?

Good

The service was effective. Most people were cared for by skilled and competent staff. Records confirmed staff training was up to date. Staff said they were well supported to carry out their caring role.

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA). People were asked for permission before receiving care and staff respected their right to refuse.

Staff had access to specific guidance to help them support people with more specialist health conditions. Where required people had been assessed by health professionals.

Is the service caring?

Good

The service was caring. People were happy with care they received from the service.

People were cared for by kind and caring staff who knew their needs well.

People also told us they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. Family members told us the service was responsive to their relative's needs.

People's needs had been assessed when they started using the service. People had been involved in developing support plans.

People and family members knew how to complain. Nobody we spoke with raised any concerns with us. One complaint had been received in 2015 and was being investigated.

Is the service well-led?

Requires Improvement

The service was not always well led. Statutory notifications to the Care Quality Commission had not always been made when required.

A quality assurance programme was in place to check people received good care. A six monthly quality audit due in November 2015 had not been completed. We found no evidence quality assurance checks were used to promote learning or continuous improvement of the service.

There was a registered manager. There were regular opportunities for staff to provide feedback about people's care.

People using the service and family members had given positive feedback during the most recent consultation.

Prestige Nursing - Newcastle

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 19 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with three people who used the service and three family members. We also spoke with the registered manager and three care workers. We looked at the care records for four people who used the service, medicines records for four people and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

Medicines records did not support the safe management of medicines. We viewed a selection of medicines administration records (MARs) for people the registered provider supported to take their medicines. We found it was difficult to assess whether people had received their medicines when they were due as people's MARs were not always dated. Although the registered manager told us MARs related to a particular period, for some MARs we were unable to confirm this from the records. This was because staff had not consistently added the relevant dates to people's MARs. We also found unexplained gaps on all of the MARs we viewed. We found there was no record of any action taken to investigate the reason for these gaps.

Medicines audits were ineffective and inconsistent. Some MARs we viewed had a date and signature handwritten on them to confirm they had been audited, whilst others did not. We found there was no record of the outcome from these audits to confirm whether the records were accurate or otherwise. The registered manager told us she was already aware of concerns relating to the recording of medicines. The registered manager told us about planned improvements to the procedure for recording medicines and medicines audits. For example, medicines management had been discussed at a recent team meeting and an improved audit system was to be introduced at the end of January 2016. Therefore, we were unable to make an assessment of the effectiveness of these actions to promote long term improvements in the quality of medicines records.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, family members and staff told us they felt the service was safe. One person commented, "100% safe." One staff member commented, "People are safe. We put good care packages together, we have the necessary risk assessments in place."

Staff had a good understanding of safeguarding and knew how to report concerns. They were able to describe the various types of abuse, including potential warning signs to look out for. For example, unexplained bruising, changes in a person's demeanour and a person acting differently around other people. Staff said they would report any concerns to the registered manager straightaway. Staff had recently completed safeguard adults training. Safeguarding concerns had been reported to the local authority safeguarding team in line with the registered provider's policies and procedures.

Staff had been made aware of the registered provider's whistle blowing procedure. All of the staff we spoke with told us they had not used or thought about using the procedure. One staff member commented, "I have not had to use it." Another staff member said, "I have never had the need to use it." They went on to say they felt concerns would be dealt with thoroughly. They said, "They [registered provider] would get to the bottom of it straightaway."

The registered provider carried out a range of assessments to determine whether people were at risk. These included risks associated with the person's care and support, as well as their living environment. The

registered provider also carried out standard assessments, such as a mobility assessment and a falls risk assessment. Care records identified any potential risks posed by people's medical conditions. For example, one person became confused at times due to their medical condition. Although risk assessments identified potential risks to people's safety, risk assessments did not always record the measures in place to control these risks. For instance, one person was at an increased risk of falls. However, their risk assessment only provided information about the action staff should take to respond to a fall but did not detail the action required to prevent the person from falling in the first place.

People were cared for by reliable staff who had the time they needed to care for people. One person said, "[Staff] stay the full length of time. They are very, very reliable." Another person said, "They are reliable. They always stay until [my relative] gets up." One family member said, "They are always reliable, there on the dot. They come before they are due, so dependable." Staff members told us they were allocated travelling time to get to people's homes. They also told us they usually had enough time allowed to care for people. One staff member said, "I am able to get to clients on time. At times I can sit and chat with clients."

Recruitment and selection procedures were followed to check new staff were suitable to care for vulnerable adults. We viewed recruitment records for five staff. The registered provider had requested and received references, including one from the most recent employer. Disclosure and barring service (DBS) checks had been carried out before confirming staff appointments. DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

There was a business continuity plan in place to help the registered provider deal with emergency situations. This included procedures to deal with a range of situations, such as a fire, a flood, storm damage and a flu pandemic.

The registered provider had a system for logging and investigating incidents and accidents. We viewed these records and saw that an investigation report was written for each incident, including the action taken to resolve the incident. Examples of previous action taken included additional training for staff and discussions with family members.

Good

Is the service effective?

Our findings

People were usually cared for by skilled and competent staff. One family member said, "[Staff] are all very keen to learn." Another family member said, "Very well trained, they know what they are doing. They are very confident at what they are doing." One staff member commented, "We always seem to do training."

The registered provider ensured staff had the training they needed to care for people appropriately. The registered manager provided us with a list of mandatory training. This included dignity in care, food hygiene, infection control, medicines awareness, dementia and health and safety. The registered manager had an electronic training matrix to monitor compliance with training. At the time of our inspection records confirmed staff training was up to date.

Staff were well supported to carry out their caring role. One staff member described the support they received from the registered provider as, "Really good. I can bring up concerns. There is an open door policy." Another staff member commented they were, "Really supported, very supported." A third staff member said, "I am well supported. When I go in for my appraisal they ask if there is anything you want to do to continue with professional development." Staff had regular one to one supervision and appraisal with their line manager. Records confirmed these were up to date at the time of our inspection.

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. One person lacked capacity to consent to their care and support. A MCA assessment and best interest decision had been made on their behalf. MCA training was up to date for all staff. Staff understood the importance of enabling people to make their own decisions. One person said, "If there is anything different they ask." One staff member described how they supported one person to make decisions through giving options. They said, "I show [person] and keep questions quite short. It works really well."

Staff told us they would always ask people for permission before providing care. They went on to say they would respect a person's decision including their right to refuse. Staff said if somebody refused they would check with the person that they were sure, document the discussion and notify the office. One staff member commented, "We can't force people." Another staff member said, "We can't force them to have any care, it is their choice."

Some people had specific medical conditions which required specialist interventions, such as the use of oxygen. Support plans contained specific guidance for staff to help them support people appropriately. Some people had been referred to health professionals for specialist advice and guidance, such as a speech

and language therapist. Their recommendations had been incorporated into people's care plans.

Good

Is the service caring?

Our findings

People were happy with care they received from the service. One person told us, "I wouldn't know what to do without them." Another person said they received "very good care." One family member commented, "Absolutely fabulous, I could not fault it." Another family member told us, "Absolutely fabulous, I don't know how I would manage without them. I can't praise them enough." Family member's told us staff members supported them as well as their relative. One family member said, "They have been absolutely fabulous, to me as well. They help me as well." Another family member commented, "They also help me."

People and family members described to us warm and positive relationships between people and staff members. One person told us, "They are all very friendly, we all get on well. We play games, they keep me amused." One family member commented, "They cheer [my relative] up from coming in. They constantly try to cheer [my relative] up, especially when [my relative] is a bit upset."

People were usually cared for by staff who knew them well. One person said, "I have had the same carers for nearly two years now." One staff member said, "We get introduced to new clients first. We do shadowing first." There was information within support plans to help guide staff about appropriate strategies to follow to maintain people's well-being. For example, for one person staff were to call family members if the person was anxious or confused and to offer reassurance. For another person, staff needed to be aware the person felt low or tired at particular times of the day.

People were supported to be as independent as possible. One person said, "I am in control." Staff described how they promoted people's independence through encouraging people and offering praise. One staff member said, "I let them do the things they are able to do, I let them lead."

People were treated with dignity and respect. One person said they were "treated nicely." Another person told us, "I am treated with dignity and respect." One family member said, "Definitely respectful." Another family member commented, "Really, really caring people. They treat [my relative] as if they have known her for years."

Staff when we spoke with them clearly understood the importance of treating people with dignity and respect. They described to us how they provided care to achieve this aim. One staff member said, "Make sure they know what you are going to do and talk to them all of the time." Staff also described how they would keep people covered up as much as possible when carrying out personal care and ask them which bits they preferred to do themselves.

People were provided with information when they started to receive a service. The service user guide included information about the range of services the registered provider provided, contact arrangements and people's right to be treated with dignity and respect.

Good

Is the service responsive?

Our findings

Family members told us the service was responsive to their relative's needs. One family member commented, "Very good, nothing is a bother." Another family member told us, "They are there for when I want them. They come straightaway." One family member said, "They let me know straightaway if anything is going on." They went on to say the registered manager was "very co-operative, she responds straightaway."

People and family members had been involved in the deciding what information went into individual support plans. One person told us, "I have a care plan. I was involved all the way." Another person said, "We talked it over [care plan] along with [my relative]." One family member said, "I am involved in everything. I do the care plans with staff." Another family member told us they hadn't been involved in the care plan but had been through it with staff.

Care records contained brief information about people's background, such as their next of kin, their religion and their GP. Part of the support plan was a section titled 'about me' which staff used to record a brief life history. This included information about the person's family, previous employment, friends and interests. People's needs had been assessed to identify the support they needed across a range of needs, such as diet, personal care. We discussed with the registered manager that people's communication needs were not routinely assessed during the initial assessment. The registered manager immediately took action to amend the assessment tool used so that this would become a specific part of the assessment. Care records clearly identified people's preferences, such as food and drink likes and dislikes.

The information gathered during the initial assessment was used to develop people's support plans. These were structured around providing step by step guidance for staff to follow to promote consistent support. For example, one support plan stated 'greet [person], clean hands before eating, give choice of cereals.' Support plans identified outcomes for people to work towards and documented specific things which were particularly important to each person. These were general statements, such as feeling safe, making decisions and being listened to. Support plans contained sufficient detail to guide staff when supporting people. However, they lacked more detailed information about what these general statements meant to each person and how they could be achieved.

People and family members knew how to complain. They told us they had been made aware of the registered provider's complaints procedure. Information about the complaints procedure was contained in the service user guide and a copy given to all people using the service. One person said, "I have not raised any concerns." Another person said, "I have no complaints at all." One family member told us, "I have not really had a complaint. I would speak to Fay [registered manager]. She would deal with it pretty quick." Another family member commented, "None whatsoever [complaints]. I haven't needed to get in touch." One complaint had been received in 2015, which was not related to people's care. This was currently being investigated at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

The registered provider had not always made the required statutory notifications to the Care Quality Commission as two safeguarding notifications had not been submitted. The registered manager explained this was an oversight as the concerns had not proceeded to a safeguarding strategy meeting. We are dealing with this issue outside of the inspection process.

The service had a registered manager. One person described the registered manager as "very, very lovely." One staff member said the registered manager was "really approachable."

There were regular opportunities for staff to provide feedback about people's care. One staff member said, "There is an open door policy, there is always somebody to speak to." Another staff member said, "Everyone works together as a team. There is a pop in service where you can go in anytime and have a chat." Regular team meetings were held. Minutes confirmed these were well attended and used to raise staff awareness of important issues. For example, the team meeting in November 2015 was used to discuss medicines management.

The registered provider had a quality assurance programme in place to check people received good care. This included a system of 'client reviews', telephone reviews, consultation with people using the service and a six monthly quality audit. All of the care records we viewed contained copies of regular client visit reports. These considered the person's current care package and whether any additional action was required. For example, one person required a new risk assessment due to a decline in their mobility. We saw from the person's care records that this had been completed. We also viewed examples of completed telephone quality monitoring forms. These showed people were satisfied with their care with no areas of concern or areas for improvement identified.

People using the service and family member were sent an assessment form to provide feedback about the staff providing their care. They were asked to rate staff members on a scale of one to ten (with one being poor and ten excellent) on their punctuality, appearance, professionalism, willingness, communication and quality of care received. We viewed a selection of responses to this consultation. People had scored staff between seven and ten for all areas. The registered manager told us these were added to a database but were not collated to identify any trends and patterns.

The registered provider carried out a homecare survey with people using the service. We viewed the feedback from the most recent survey carried out in August 2015. Five out of six people had replied and had given mostly positive feedback.

We viewed the most recent six monthly quality audit dated May 2015. The quality audit considered a number of areas, such as a check on the quality of people's care records and staff records. Actions identified during the audit included identifying where 'client reviews' were needed and additional training requirements. We saw the actions had been followed up and signed off as completed. Although the registered provider carried out a range of quality checks, we found no evidence these were used to promote learning or continuous

improvement of the service. The registered manager told us there was no over-arching development or improvement plan for the local service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).