DHP Care Limited

Prestige Nursing North Manchester

Inspection report

2-6 Rochdale Road
Middleton
Manchester
Lancashire
M24 6DP

Tel: 01616554775

Date of inspection visit:
26 April 2016
27 April 2016

Date of publication:
16 June 2016

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 – North Manchester provides trained nursing staff and health care assistants to 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. At the time of our inspection there were 69 people using the service.

This was an announced inspection which took place on 26 and 27 April 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

The service has a registered manager who was present on the day of our inspection. 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.

Robust recruitment procedures were in place which ensured staff had been safely recruited. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service.

People who used the service and their relatives told us they felt safe with staff from Prestige Nursing - North Manchester. They told us staff were reliable, caring and knew them well. We found staff to be knowledgeable about people they supported and respectful in their approach.

Care records were very detailed and person centred and contained information about people's health and social care needs. We found they contained risk assessments and care plans that were written using very respectful terms. They provided staff with sufficient detail to guide them on how best to support people and how people communicated. They contained information about people's preferences and routines and guided staff on how to promote people's independence. A system was in place to ensure care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

People were supported to access a wide range of activities, hobbies and places of interest to them. Some young people were supported to attend college and work placements.

Risk assessments were also completed for the general environment and activities people took part in. This helped to ensure people who used the service and the staff that supported them remained safe. Arrangements were in place to help ensure the prevention and control of infection.

Staff received training in administration of medicines and systems in place ensured people received their medicines safely.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decision. The managers in the service were aware of the process to follow should a person lack the capacity to consent to their care.

Staff received an induction and were provided with a wide range of training that would help them carry out their roles effectively. Training was also given about an individual's health conditions and equipment that people used. Staff had regular supervisions and team meetings and told us they felt very well supported by the organisation and managers from the service. Staff told us they enjoyed the work they did and enjoyed working for the service.

Staff were trained in safe food hygiene and nutrition. We saw that people's nutritional needs were recorded in their care records and any special dietary needs were noted and guidance was given for staff to follow, such as gluten free diets or swallowing difficulties.

Managers of the service used a robust system of quality assurance and audits and used this to help improve the quality of the service provided. There was a complaints procedure for people to voice their concerns. People who used the service and their relatives completed monthly client visit reports where people were asked to feedback on staff and the service they received.

The registered manager, other managers and staff we spoke with demonstrated a commitment to providing high quality care.

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.

People told us they felt safe when staff were providing them with care and support. Staff had been safely recruited and knew the correct action to take if they witnessed or suspected abuse.

Risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence.

Systems were in place to ensure medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff told us how they supported people to make their own decisions and choices.

Staff were trained in safe food hygiene and nutrition. We saw that people's nutritional needs were recorded in their care records.

Is the service caring?

Good

The service was caring.

Managers and care staff demonstrated a commitment to providing high quality person centred care. We observed patient, caring and respectful interactions between staff and people who used the service.

The service placed great importance on promoting people's independence and identified people's preferences and routines.

Where people did not use words to communicate staff were given guidance on how best to support them. This included the

use of communication aids such as pictures.

Is the service responsive?

Good

The service was responsive.

Care records were very detailed and person centred and contained information about people's health and social care needs.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

People were supported to access a wide range of activities, hobbies and places of interest to them

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about managers of the service and told us they enjoyed working for the service.

There were robust systems in place for monitoring the quality of the service provided

Systems were in place to ensure people who used the service and their relatives were able to give their feedback on the service they received.

Prestige Nursing North Manchester

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 was an announced inspection which took place on 26 and 27 April 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office. The inspection team consisted of two adult social care inspectors.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked the local authority and Rochdale Health watch for their views on the service; they raised no concerns.

Most people who used the service lived in their own homes and had complex health needs. During our inspection we spoke with two people who used the service and three relatives, the registered manager, two care coordinators and four care staff. We also spoke with a case manager and a manager of another service who used staff from Prestige Nursing - North Manchester.

We looked at a range of records relating to how the service was managed; these included; medicines administration records, the care records of four people who used the service, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe using Prestige Nursing - North Manchester.
One person we spoke with said they were very happy with the service and felt safe because of the staff. They said " I trust them, they check on me all the time."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures relating to adults and children were in place. These provided staff with guidance on the types of abuse and on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the managers of the service would deal with them appropriately.

The service had a whistleblowing policy. This told staff how they would be protected and supported if they reported abuse or other issues of concern. It also gave staff the contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We saw that a robust and safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained a photograph of the person, an application form including a full employment history, interview questions and answers, health declaration, two professional references and proof of address and identity. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. There was a system for regularly checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC). We saw policies and procedures to guide staff on the company's expectations about recruitment, sickness, disciplinary procedures, training, supervision and appraisal.

We looked at four peoples care records. They contained very detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. We saw these included medicines, moving and handling, accessing community facilities, using vehicles, poor nutrition, getting in and out of bed, skin integrity and prevention of pressure sores, behavioural issues, risk of choking, loneliness and social isolation. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed. Where people had restricted independent mobility these guided staff and emergency services in the support the person would need in the event of a fire. Care records also included risk assessments for hazards in the property, use of household electrical items such as cookers and any risks for a member of staff working alone including risk to staff arriving in the dark.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed. We saw medicines management policies and procedures were in

place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and staff files we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked regularly.

We looked at three peoples Medicines Administration Record (MAR).We found that all MAR were fully completed to confirm that people had received their medicines as prescribed. We saw that MAR were regularly audited by managers within the service to ensure accurate records were being kept. We saw that one audit had found that a staff signature was missing from a MAR. Managers had taken appropriate action to ensure the person had received their medicines correctly and had also discussed the procedure for reporting errors in recording at a subsequent team meeting.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incident were recorded. This included a description of the incident and any injury, action taken by staff or managers, recommendations from managers to prevent reoccurrence and whether any other organisation needed to be notified; such as CQC. We saw that these were then reviewed and signed by the registered manager. Copies of these records were kept in people's care files.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Training records showed that all staff received training in infection prevention and control. Staff we spoke with told us PPE was always available and used. During our inspection we saw that PPE was used when staff were supporting people.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. We saw it included loss of data, telephones, pandemic flu, inclement weather, loss of payroll, loss of internet, utilities and there is a list of key suppliers. This service is part of a franchise and most records are kept on a computer system. We saw that the service could use any other local office in the franchise if the office became unusable due to an emergency.

The offices were on the second floor, accessible via stairs. The building was owned by a landlord. There was a fire alarm, extinguishers and emergency lighting for use in the event of a fire. The alarms and emergency lighting were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The registered manager told us any faults or repairs were quickly attended to. We were shown that the service had undertaken portable appliance testing of electrical equipment in September 2015 to ensure it was safe to use.

Good

Is the service effective?

Our findings

People we spoke with told us the service was reliable and that calls were never missed. One person told us "They are really, really good and very reliable." Relatives told us "They are very reliable, they never let us down", "They have to travel a distance to my house, but they are reliable and always on time" and "I have had no problems at all." There was an electronic system to alert the office if staff were late or did not stay for the allotted time. Staff used a free phone number from people's homes; this was also used to ensure people were only charged for support they had received.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of MCA and people's rights and choices were respected. Care records we looked at contained evidence the service had identified whether a person could consent to their care.

People in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS). However records showed that staff had received training in MCA and DoLS. The registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in the care they received and how they ensured people gave consent before care was provided. Records showed that staff had been involved in best interests meetings. Records we looked at showed that people who used the service or where appropriate their representatives had given consent to the support they were receiving. One staff member told us, "We offer choices – they may refuse what we offer." Staff told us that where people did not use words to communicate they would offer choice by offering the person two things; such as orange or apple juice and watching for the person's reaction. A relative told us " They understand my [relatives] non-verbal communication, they ask do you want to do this, or this"

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

The registered manager told us that when staff started to work for the organisation they received an induction. This included working alongside experience staff, completing essential training, an introduction to the organisation and competency checks to ensure staff could carry out their roles effectively. We were told that for any staff member who was new to the care industry or had no recognised qualifications this included completing the care certificate within the first twelve weeks of their employment. Records we looked at showed that the training included; principles of care, safety at work, moving and handling, health and safety, infection control, medication, safeguarding, first aid, basic life support, care of brain injuries,

safeguarding children, adults, infection control and a competency check for medication. One staff member told us "I had an induction, I went through all the e-learning, was shadowed for a week and a nurse undertook competency checks." Another said "I enjoyed the induction."

We saw from the training matrix and three staff personnel files that staff also received ongoing training and refresher training. We saw this included; first aid, basic life support, MCA & DoLS, medicines administration, food hygiene, end of life care, safeguarding adults and children, the prevention of pressure sores, nutrition, peg feeding, promoting independence, behaviours that can challenge, continence, cultures and religion, epilepsy, dementia care and dignity in care.

Staff we spoke with told us they received supervision every three months and yearly appraisals. Staff personnel files we looked at contained detailed records of the supervisions and appraisals that staff received. Staff we spoke with were positive about the training and support they received. One said of working for the organisation; "It is outstanding for training and support" and another told us "We get training above and beyond what we need."

Staff were trained in safe food hygiene and nutrition. People lived in their own homes or with family support and could eat what they wanted. We saw that a person's nutritional needs were recorded in their care records and if any special needs were noted there was guidance for staff to follow, such as gluten free diets or swallowing difficulties. We saw one person's care record detailed that the person did not feed themselves but would tell staff how much food to put on the spoon and how it should be presented to them. Staff were also trained to look after someone who needed feeding via a tube to ensure they could do so safely.

Care records showed that people had access to a range of health care professionals including G.P's, consultants, occupational therapists, speech and language therapists, psychologists, physiotherapists and district nurses. People we spoke with said that the service worked with all health care professionals involved in their care. One relative told us "They work with therapists with my [relative]." A person who used the service said "They take me to hydrotherapy."

Good

Is the service caring?

Our findings

People said of staff, "They are brilliant" and "They are nice people." A relative we spoke with told us, "They always put [relatives] best interest first, they have really got to know [relative]" another said, "They have vast experience, I can ask their advice" and "Staff are respectful and caring."

Staff and managers we spoke with were caring and respectful in the way they spoke about people who used the service. They were able to tell us what was important to the people they supported, their likes and dislikes and the care they required. One staff member said, "I do what the people want. Everything I do is what they ask me to do and is what they want."

Care records we looked at placed great importance on promoting people's independence and covered people's preferences and routines. They contained a personal profile and detailed what the person wanted to do and how they liked it to be done. We saw one care record that included how the person liked to brush their own hair, choose their own clothes and wanted to help to prepare their own meals.

Records also showed that the service identified what support people needed with communication, including ways of involving and informing people about their service. We saw that where people who used the service did not use words to communicate there was guidance to staff on how best to communicate with the person. This included the use of communication aids such as pictures and symbols and what the person's gestures and noises might mean. One person who used the service said they knew which staff were coming on duty because staff had created a rota with photographs of staff on to remind them. They told us "I have a board, it tells me who's coming."

With permission we visited two people who used the service at their homes. We observed how staff interacted with them. We found that staff were friendly, caring and respectful with the people they supported. We saw that staff involved people and gave them time to communicate their wishes and offered people choice in how the support was provided.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People we spoke with told us they had been involved in planning the care they or their relative received. One person told us; "They asked me about my care plans."

The registered manager told us that before someone started 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 needs and identified the support they required. Part of the assessment process looked at any specialised equipment that may be needed and training was provided when required. At the assessment stage people were shown profiles of staff so that staff with similar interests or background were matched to the person, which helped to ensure people got on well. One staff member said of managers, "They make sure clients are happy with their support staff."

Care records we looked at contained assessments which were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured agency staff could meet people's needs. We saw that the assessments were used to develop care plans and risk assessments.

We looked at four peoples care records. We found they contained risk assessments and care plans that were very detailed and person centred and written using very respectful terms. They provided staff with sufficient detail to guide them on how best to support people. Care records 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 the person to reach the desired outcome. The plans contained details of how people's independence could be promoted. We were told that care records were reviewed monthly or sooner if needed. We saw the plans were regularly reviewed and updated if people's needs had changed. These reviews included the views of the person who used the service or their representative. Staff completed daily records which were detailed and told us exactly how a person had been supported at each visit.

Care records showed that people were supported to access a wide range of activities and places of interest to them. We saw this included; shopping, walking, cooking, cleaning, hydrotherapy, gym sessions with personal therapists, attending places of religious worship, swimming, after school clubs, lip reading, music recording, donkey sanctuary, college to assist in courses, outdoor pursuits and "men in sheds". We saw that staff also supported people who used the service when they went on holidays including to Poland, Tenerife, Devon, and Blackpool. A person who used the service told us "I have been to Knowsley Safari park, to Coronation street, Chester zoo and I have been on holiday." Care plans also gave information to staff on the support a person might need when doing an activity for the first time. We saw that where people had identified they wished to attend college or work placements staff provided the necessary support.

We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and

contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints and the action the service had taken. The service also had a system for recording compliments so that good practise could be recognised and shared with staff.

Good

Is the service well-led?

Our findings

The service had a registered manager who was present on the day of our inspection.
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.

Relatives we spoke with said the registered manager was; "Approachable and pleasant", "Very helpful" and "Professional." Relatives said of other managers in the service "They are absolutely wonderful, so patient" and "They are the very best, nothing is too much trouble for them."

Staff said of the registered manager "He is always friendly" and of other managers from the service; "They are always welcoming when you go to office" and "They are really supportive, when you ring they are always helpful."

The registered manager told us that the service produced a newsletter for staff. We saw this welcomed new starters, gave details about effective report writing, information about timesheets, the roster and holidays. We saw it also recognised the staff "member of the month." The registered manager told us this was an award given each month to recognise staff good practise.

Staff told us they enjoyed working for the organisation. Staff said; "I love it, the shifts feel like two minutes it's that good" and "They are very good to work for. They are fair, good atmosphere, I worked elsewhere but this is better." Another said "The managers are all really nice. I would recommend the service to a family member or loved one."

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. Staff we spoke with told us that they could always contact a manager and that the on call was always answered. One told us, "You can contact on call we always have support."

We found there was a robust system of quality assurance. When someone first started using the service a check was made after two weeks to make sure the service being provided was meeting their needs. There were then a number of weekly and monthly checks and audits including care plans, risk assessments, medicines records, daily records and call visits. We saw that any issues were highlighted and any action taken was documented. The providers and managers within the service also held monthly risk, safety and governance meetings where any issues found were discussed and actions taken to prevent reoccurrence or improve the quality of the service. Records we looked at showed these looked at issues about health and safety, safeguarding, complaints, incident and accidents, training, medicines and staff competencies.

We saw that the service regularly asked for feedback from people who used the service and family members. We saw that each month people and their relatives are asked to comment of staff who support them

through a client visit report. Records showed this included punctuality, appearance, professionalism, willingness, communication, experience or capability and uniform and badge. We found that these were reviewed by managers every month and any areas of action needed and taken were recorded. We saw that one report stated that the person who used the service was "Happy with the whole team and especially happy with one team member." One staff member told us; "We get feedback from the clients, I just had very good feedback."

The registered manager told us that regular "spot checks" were carried out by managers and nurses on each member of staff. We saw that these checks were recorded and feedback given to staff.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included privacy and confidentiality, safeguarding, whistleblowing, infection control, meeting nutritional needs, medicines management, health and safety, accident reporting, DoLS and MCA and infection control.

People who used the service or their families were given a service user guide. This explained the service's aims, objectives and services provided. It also gave details of staff qualifications, registration and induction, contact details including out of hours, the referral and matching process and service users rights. It included staff training, standards and behaviours, misconduct, abuse advice and staff dress codes. These documents gave people sufficient information to know what they could expect when they used this agency. We were told that if needed the guide could be provided in Braille, large print, cassette tape or language of choice.

Before our inspection we checked the records we held about the service, including notifications. Notifications of significant events such as deaths, accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. We saw that the service had notified us of one such event. We were able to see that the registered manager had taken appropriate action to deal with the incident. The registered manager was able to tell us what other events should be notified and how they would do this.