

Prestige Nursing Limited

Prestige Nursing Wakefield

Inspection report

Beech House
Margaret Street
Wakefield
West Yorkshire
WF1 2DG

Tel: 01924200218

Website: www.prestige-nursing.co.uk

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21 June 2018

27 June 2018

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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

We inspected Prestige Nursing Wakefield on the 21 and 27 June 2018 both visits was unannounced. This was the first inspection the service had received since moving locations in April 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger disabled adults. At the time of inspection there was 45 people receiving personal care.

The home had a registered manager in place. 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.

Staffs competency was assessed before they worked with people and periodically during their employment. Staff, people and their relatives told us they could speak to the manager if they had any concerns. The registered manager carried out formal supervisions and visual observations of. We saw staff received an annual appraisal. We saw staff meetings were in place and weekly newsletters and surveys were sent out to people and their relatives yearly.

People told us they felt safe with the care and support they received from staff. Staff were aware of safeguarding procedures and how to follow these. Staff had completed an induction and was allocated to support people in relation to their care and cultural needs.

Staff were sufficiently trained and knowledgeable about their roles and responsibilities.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments and provided personal care as required to meet people's needs.

Medicines were managed, stored and administered safely.

There was a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy.

Accidents and incidents were recorded and trends and patterns were analysed by the registered manager.

There were systems in place to assess and monitor the quality of the service. Staff said there were good leadership within the service which promoted an open culture.

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.

The staff had a good knowledge of safeguarding procedures and how to put these into practice.

There was a robust recruitment practice in place.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions and practice observations which were carried in line with the agency's policy.

People were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with told us staff spoke to them in a kind and respectful manner.

People's relatives told us they felt their family members were being well cared for.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place at the service and people they were involved in their own plan.

People said the manager and staff listened and dealt with any

concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post at the time of our inspection who had robust systems in place to check and improve the service

Staff told us the registered manager was supportive and responsive to acting on concerns.

The home had mechanisms in place which allowed people using the service and their relatives to provide feedback on the service provision.

Prestige Nursing Wakefield

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one social care inspector. An expert by experience spoke to people and their relatives on the telephone during the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the service. We also contacted the local authority commissioners and safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sent the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed and returned the PIR as requested.

The inspection took place on the 20 of June 2018 and ended on 27 June 2018. We spoke to 11 people who used the service, seven relatives and seven staff on the telephone. We visited the office location on 21 and 27 June 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person said, "I couldn't fault any of them (staff) and feel comfortable with them, that's important. They make me feel at ease." A second person said, "I feel very safe with the staff coming in because of the way they come in and the way they talk to me. I am comfortable with them." Another person told us, "I feel safe having support workers around and I am happy with everything." A fourth person said, "I feel safe because I know they won't leave me until they know I am safe." One relative told us, "I feel he is safe because they are understanding and accepting of him. It has been a pleasant surprise that they ignore his disability and treat him like a friend. It seems normal for them to come into my home."

Recruitment procedures were in place and the required checks were undertaken before staff could work for the agency. All staff had been checked with the Disclosure and Barring Service (DBS). The registered manager said that applicants attended an interview to assess their suitability for the job and we saw this evidenced in their files. All contracts were in place and signed by staff before starting their role. Staff undertook an induction programme which was in line with the common induction standards by skills for care. Staff also shadowed senior staff and attended all mandatory training before working with people unsupported at the agency.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. We spoke to staff who told us they felt there was enough staff in place to be able to support people in their home.

Staff were knowledgeable about safeguarding and how to recognise and respond to abuse. Staff had completed training in safeguarding vulnerable adults. This was evidenced in their staff file and through speaking to staff. The service had a safeguarding policy in place and the registered manager told us that all staff had received a copy of this during induction, which staff confirmed at the time of our inspection.

People told us that they, or their next-of-kin, were mostly responsible for their medications, but that care workers would sometimes support them with this. People who told us that their carers gave them their medication were happy with this. We saw staff clearly understood the importance of medication routines. Where people were supported with medicines, staff had good knowledge on how to safely administer medicine to them.

Staff could tell us about people's medication and any side effects which could occur. This meant medicine management was robust. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. They told us they would contact the office for further advice if someone persistently refused to take medication. All the people we spoke with who had support with medication told us there were no concerns or mistakes and they received these on time.

We saw risk assessments were completed, effective and up to date to assess any risks to a person using the

service and for staff who were supporting them. Risk assessments were in place around moving and handling of people in their home and whether two staff were needed to support the person.

Training on moving and handling completed by staff. All staff had completed an induction programme before working alone in a person's home and through this they got to know the person they were supporting and they got to know them. This was evidenced through staff files and through staff discussion.

We saw accidents and incidents were appropriately recorded. These were reported so that appropriate action would be taken. This was evidenced through documentation in the office. We saw the registered manager liaised with all staff in team meetings around any lessons learnt.

The service was providing the care and support needed to people. There had been no missed calls in the previous 12 months,

Is the service effective?

Our findings

People were supported in their home and in the community by staff that had the knowledge and skills to meet their needs. One person told us, "I was in a care home for 11 years prior to using prestige nursing, the care is wonderful-it has enhanced my quality of life." Another person said, "The girls are thorough and know what they are doing. There is not one I can complain about even over all these years." A third person said, "A lot of the carers I had had problems with in the past had now left."

Training was suitable and sufficient to give the staff the skills they needed. Training was completed for all staff both face to face training and e-learning through access to the internet. Staff who spoke with us confirmed that all training had being completed and that on-going training was available. Staff received supervisions, practice observations and appraisals from their manager. When speaking to the staff they confirmed regular supervisions and practice observations were in place.

Staff were matched to the people they supported according to the needs of the person during induction. Staff we spoke with told us they looked at their own interests and hobbies so that they could be support people with the same interests where possible. People and relatives told us new carers shadow prior to doing visits on their own for 3 or 4 visits.

People were supported at mealtimes with their own choice of food and drinks. People we spoke with told us they were happy with the levels of support given to them regarding preparation and assistance of food and drink. Families of the people told us they were given choices wherever possible, and food was prepared well and safely.

People were supported to health care appointments when this was needed. We were told by people using the service and their relatives that most healthcare appointments are made by themselves or their relatives, however staff did support people when required to any appointments needed. We spoke to one relative who told us their relative had complex needs (PTSD) they told us the staff and nursing staff had been 'instrumental' in enabling them to go into hospital. Staff had built the person's confidence up; the medical profession had been trying to get the person admitted to hospital for over three years. The relative also told us nurses were supportive in explaining the changes in their loved one to the consultant and the bank nurse had attended meetings to put the changes across.

Peoples care records included all details of their GP, chiropodist and their dentist. The care plan also included any issues around the person's health so that the staff could support them.

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.

Is the service caring?

Our findings

People and their relatives told us staff were friendly, helpful and kind. We were told that staff engaged in conversation while completing tasks and listened to people. One person told us, "They are lovely girls, they look after me well and are always cheerful." Another person said, "Staff are very helpful, do whatever you ask them to do and get everything ready for me." A fourth person told us, "Fantastic staff, they are like family." A relative told us, "Staff are very friendly and understanding of my relative's condition, they are very professional. The way they handle my relative nothing takes them aback. They are not trying to avoid doing anything, they are flexible and helpful." A second relative told us, "Very few have fallen below standard. It has been a very difficult last few months. Carers have listened to him, been honest and understanding, they just reason with him, they've been very supportive."

People were complimentary about the levels of involvement they had with their care, telling us staff always asked for their permission before care was provided. One person told us, "They let me do as much as I can and step in if I am doing something unsafe, they are aware of the risks." A second person said, "Staff ask what I want, always giving me choice and dignity." A relative told us, "Regarding intimate care they are very lovely about it. They pull the curtains, I cannot fault them with privacy at all." Another relative told us, "They talked my relative through her catheterised care. She cannot wash because of the pain but they understood that she is a young woman who wants to look her best so taught her how to use cream instead. They are very inventive of trying to find ways around challenges for example they helped me find ways of changing the bed. Also, they arranged for her to have her nails done while she was under general anaesthetic."

Staff spoke about their clients with genuine affection, All the staff we spoke with told us they enjoyed their job and liked caring for people in their own home. One staff member told us, "I love my job, I get a great satisfaction from supporting people. They are like my family."

Staff said they found the care plans useful and told us they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. One person told us, "I can practice my faith, the staff know how to support me with my needs." A member of staff told us they supported a person to cook their meals ensuring their cultural needs were met. They went on to tell us, "It is important for this person so we ensure we have a member of staff who can support them in all their needs."

Is the service responsive?

Our findings

Most people and relatives we spoke to told us prestige was responsive to people's needs providing appropriate care and giving people choice. People had female/male carers as requested and carers they felt comfortable with. One relative told us prestige were not responsive to cultural/language/religious needs. We spoke to the registered manager about this who told us they would speak to the relatives as they had not been made aware

People were prevented from social isolation as staff supported them to access the community. Staff also supported people in their own homes to do daily activities like baking, cleaning and supporting people to put on their makeup. A relative told us, "Staff write down all she has done in a day to build her confidence. They help her reply to Facebook friends and to text so she does not become isolated. It's a very holistic approach."

Care plans were in place for the people using the service. Care plans showed people's interests and current needs. These clearly showed information to help support the person in and out of the community. Care plans we looked at showed where the service had been responsive to people's needs. We spoke to the registered manager who told us, "We have a client whom had been diagnosed with dementia and was becoming quite aggressive. On speaking with the dementia team and Alzheimer's society it was suggested that the family obtain and try a dementia dog. This is a soft toy replica of a dog which can be fed, stroked and cared for. This has calmed the gentleman and reduced challenging behaviours. We have since sign posted this to another client whom we have had great results from regarding communication and willingness to do things with the carers. I do believe they have changed their role and become the carer which has had an impact on their willingness to cooperate."

We looked at another care plan which showed how staff supported a person with their visual screen for their communication. Staff told us it was their life line to the outside world.

relatives, we spoke with also told us that they felt fully involved in their or their relative's care, and felt they would always be listened to if they needed a care package to be reviewed, or amended.

People who use the service and their relatives were aware of the complaints policy. We saw a complaints procedure in place with any actions needed and addressed by the registered manager. There had been five complaints in the last 12 months. These had been addressed in line with the agency's policy.

We saw many compliments at the service which included, 'Care workers are fantastic'. and 'Can't recommend you enough, you are fantastic, thank you'.

People received care at the times they needed. We spoke to people and their relatives if there had been any missed calls. One person told us, "One visit was missed at the beginning a couple of years ago but it has been resolved satisfactorily. Staff are punctual now, not often late and it works like clockwork."

Is the service well-led?

Our findings

At the time of this inspection there was a registered manager in post. Staff, people and relatives told us they felt the service was well led. One person told us, "I can rely on them." Another person said, "I know they are going to be there." A third person said, "Staff are punctual and things are done properly. A fourth person told us, "The care coordinator visits, the carers are consistent, there is not a great staff turnover, I regularly get the same carers." A relative told us, "It's well led – yes. I get a copy of the rota every week, each Friday. My relative had a stroke last year and they came out of the office to look after mum while he went into hospital and a carer became available. Also, when I went on holiday we set up a meeting prior to going so I knew what was going to happen for the whole 16 days. There was a contingency plan in place if one of them had to go into hospital."

We asked people and their relatives if they would recommend the service. One person said, "It's a first-class service, they do what you ask, are flexible and do what needs doing." Another person said, "No one beats them, they are thorough and I wouldn't swap them for anything else." A relative told us, "I recommended it to my former nursing officer who was a hard task master. She just needed them for a few weeks and she thought they were brilliant. 90% of the time it is very good, sometimes they have forgotten something but if I pointed it out it goes up to 100%." Another relative said, "Was well impressed with the manager because she was quick to get on with the assessment and is professional."

There were robust quality assurance systems in place. Alongside the registered managers quality checks, the area manager completed a yearly service visit audit which looked at care, training and overall delivery of the agency. We saw the registered manager audited people's support plans and risk assessments. All safeguarding referrals had been reported to CQC and there have been no whistle blowing concerns.

We saw the management team also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information. Most staff were up to date with all the training, one person had been booked on a course in July for an update on complex training.

The registered manager told us the deputy and care co coordinators carried out observations on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. We saw evidence of these in staff files.

We saw evidence of staff meetings and weekly newsletters which kept staff informed of any changes or updates. One staff member told us, "We are kept up to date of any changes." Staff confirmed that they received these and found them useful in supporting them in their role.

Many people told us about customer questionnaires they had been sent in March 2017 asking for their views about the service. We saw only 18 of these had been returned completed. These came back as overall positive, with people saying they would recommend prestige to other people. The registered manager told us, "We are always trying to improve, everyone works really hard and we give people a good individual service, we work with outside agencies including the Alzheimer's society to support people where they need

it.