

Prestige Nursing Limited

Prestige Nursing Bath

Inspection report

The House
Kelston Park, Kelston
Bath
BA1 9AE

Tel: 01225330966
Website: www.prestige-nursing.co.uk

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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 Bath is a domiciliary care agency providing personal care to people in their own homes. The service operates in Bath and surrounding areas. At the time of our inspection there were 12 people using the service.

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

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

People were engaged in decisions about their care to ensure it met their needs. Care plans were person centred and gave clear and specific information of how people preferred their care and support to be delivered. People's consent was always sought and respected.

The organisation promoted a positive staff culture where staff were valued and supported. Staff were caring and reliable. Regular training specific for people's needs ensured staff were skilled and competent.

Medicines were managed safely. Assessments identified risks. Guidance was clear on how risk should be managed. People's nutritional and hydration needs were met.

The service was well led and managed. Systems were in place to monitor and review the quality of the service. There was an open and honest culture and reflective practice took place.

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

Rating at last inspection

This service was registered with us on 24 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Prestige Nursing Bath

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had a planned absence from the service. An interim manager was in post.

Notice of inspection

This inspection was announced. We gave a short notice period of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 03 March 2022 and ended on 08 March 2022. We visited the location's office on 03 March 2022.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three staff members which included the manager and the regional manager. We reviewed a range of records. This included three people's care and medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We spoke to a further two staff members. The Expert by Experience spoke to three people who use the service and three relatives. We received feedback from one health and social care professional.

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 of 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

- Staff had received training in safeguarding and knew how to report any concerns. One staff member said, "I would phone and email the manager directly. The manager would escalate concerns." A relative said, "[Name of person] does feel safe and secure with the carers now that [Name of person] has got used to them."
- The service had reported safeguarding concerns to the local authority and CQC as required. Learning from safeguarding was shared within the team and through the wider organisation.
- A business continuity plan ensured a continued service in an unpredictable event such as adverse weather, loss of data and the potential impacts of COVID-19. There was an on-call system for out of hours support. One staff member described when they had utilised the on-call system saying, "The on call is good support."

Assessing risk, safety monitoring and management

- People were supported safely. One person said, "I have always felt very safe with the carers."
- Individual risks to people were identified in areas such as food and hydration, skin integrity and personal care. One person told us, "The staff are aware I am prone to falls. They make sure I have my walker or my stick when moving around."
- Protocols guided staff how to manage known risks. For example, signs to observe and actions to take around managing known health conditions.

Staffing and recruitment

- The provider acknowledged it had been a challenging time in maintaining staffing levels. The provider had measures in place to mitigate risks of low staffing. A health and social care professional said, "The service is currently operating with safe staffing levels however, this is being maintained by using contingency arrangements."
- People were supported by a consistent staff team in line with their care package agreement. People were involved in the selection of staff to ensure they were comfortable with who they were being supported by. People and relatives fed back they had experienced some disruptions with staffing over the previous six months due to staff shortages.
- People and relatives told us staff were on time and reliable. One person said, "They are usually on time but if late they will ring me."
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National

Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed and administered safely. Staff completed training and assessments of their competency were conducted.
- Protocols for 'as required' medicines gave details about when people may need additional medicines. One person said, "If I am in a lot of pain, I can ask for pain relief and they give it to me. They always write up on the MAR chart what they have given me."
- Medicine administration records (MAR) were fully completed and regularly audited. Staff knew the system for reporting a medicine error. One person said, "I need my medication on time and they usually manage to do that."

Preventing and controlling infection

- There were suitable systems to help prevent and control infection. People's care plans detailed infection, prevention and control (IPC) measures in their home which staff should follow.
- Staff received training in IPC and COVID-19. We were assured that the provider was using PPE effectively and safely. One person said, "[Staff] do wear full PPE. They always leave the room clean and hygienic."
- We were assured that the provider's infection prevention and control policy was up to date. Staff we spoke with were clear on procedures to follow.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Incidents were analysed to observe any patterns or trends and to ensure actions taken had been effective.
- Communication systems ensured learning and guidance was shared within the team. For example, in meetings, emails and regular organisational newsletters.

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.

Staff support: induction, training, skills and experience

- Staff received a structured programme of induction when they commenced employment. One staff member said, "The induction I received exceeded my expectations."
- Staff told us and records confirmed staff received regular support and supervision. One staff member said, "There is good support, they [managers] check up on me." Another staff member said, "I am well supported and the organisation is flexible."
- Staff received a variety of mandatory and additional training relevant to their role. Staff explained the specific training they received to meet people's individual needs. Such as epilepsy, and catheter care. A staff member said, "Yes, there is good training." One person said, "I do feel staff are well trained to care for me." Another person said, "All the carers have been trained to use my hoist, transfer me into my wheelchair and use my commode safely."

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

- Information in care plans detailed the support people required with eating and drink. Such as full support or assistance in food preparation. One person told us, "[Staff] do all my meals and ask me what I would like each time. They give me plenty to drink and leave me with water and juice."
- People's preferences around food and drink were documented. For example, one person's care plan said they disliked spicy food but liked tomatoes and spinach. One person said, "The carers record what I have eaten and drunk."
- Guidance was clear for staff to follow around food allergies and assessments from the speech and language team (SALT).

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 healthcare needs as described in their care plan. One person said, "My carers know exactly what they have to do for me."
- People and relatives gave us examples of when staff had made healthcare observations and escalated their concerns to ensure people received the necessary care. One person said, "If I am unwell, I might ring my GP but if I am not able to the carer will ring on my behalf." Another person said, "On one occasion the staff called an ambulance as they found me very unwell."
- The service worked in partnership with other health professionals. Hospital passports were available to convey information should a hospital admission be required.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and

choices; delivering care in line with standards, guidance and the law

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 MCA 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.

- People's capacity had been considered and assessed as required. This area was on the providers improvement plan to check and review all mental capacity assessments.
- Staff understood the principles of the Mental Capacity Act (MCA) 2005. People's choice and wishes were promoted and respected at all times. One person said, "They always ask if I want a shower, wash or bath before attempting anything. They [staff] do my care as I want it done and the way I want it done." Another person said, "They always ask me what and how I want things done."

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

- People were supported by kind, caring and dedicated staff. A relative said, "[Staff] are compassionate when undertaking care." One person said, "They are mostly very kind and compassionate."
- Staff knew people well and had developed trusted relationships. One person said, "We always have a good chat, laugh and a joke. They [staff] listen to me and I them. We rarely disagree and they are always respectful when I choose to do something differently."
- People's individuality was respected. For example, people's interests, cultures and religions. One person said, "I go to church. Sometimes the carers take me."
- The service had received several compliments. One compliment said, "Thank-you for helping me. You were all very nice and kind to me." Another said, "It has been a pleasure to work with such a passionate, attentive, flexible and conscientious service."

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

- People were involved in decisions about their care. One person said, "I was fully involved in the setting of my care plan and got what I asked for."
- People and relevant others when people wished were involved in reviewing their care on a regular basis. This ensured that changes were made when needed and people had opportunities to be involved in decisions about their care. One person told us, "My plan is complex I am fully involved in any reviews."
- People confirmed their care plan was available in their home. A health and social care professional said, "The service works collaboratively with service users and their family to develop care plans."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care plans detailed how staff should enable people to maintain their independence. One person said, "The carers encourage me to do things for myself as much as possible and to make my own decisions." Another person said, "The staff do help me to maintain as much independence as is possible."
- Staff ensured people's privacy and dignity was upheld. For example, people and relatives told us curtains and doors were closed when personal care was being undertaken.

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

- The service provided individualised support. One person said, "[Staff] all know how to meet my needs."
- Care plans were person centred, giving details about people's history, networks and interests. Care plans had clear guidance to ensure support was delivered in people's preferred way. A staff member said, "Care plans are very clear of how someone wants to be supported."
- People's preferred methods of communication were documented, but further detail would assist staff supporting. The provider said this would be addressed.

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

- Care plans described people's interests and hobbies. For example, one care plan detailed how a person liked to go shopping, to car boot sales and enjoyed eating out.
- Relationships that were important to people were described. For example, family, friends and pets.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure. One person said, "I did complain. This was dealt with and resolved to my satisfaction in the end."
- The service had received three complaints in the last six months. Complaints were investigated, the complainant responded to promptly and actions taken. The service encouraged people, relatives and staff to raise any concerns or issues.
- People, relatives and staff told us they felt comfortable to raise any concerns should they need arise. One person said, "I have raised issues as they arise and they listen to me and try and resolve them. I have never made a formal complaint but would know how to do it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service produced documentation and policies in accessible formats suitable for people's needs.

End of life care and support

- The service was not currently supporting anyone with end of life care. Staff told us they had received good training and support from the service when involved in palliative care packages.
- The manager was aware of planning for care in this area. End of life care plans would be developed if required.

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.

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

- Systems were in place to monitor, review and improve the quality of the service. This included audits of areas such as medicines and care plans.
- The service had an improvement plan. Where areas identified in audits were prioritised and progress monitored.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

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

- The service was well organised and managed. One person said, "The manager is very easy to talk to and listens to me. The manager sorts things out for me." A relative said, "The manager is good to speak to and will resolve any issues and answer any queries or changes required." A staff member said, "The manager has been really good, does well. The administrative team are approachable."
- The service aimed to provide support from a consistent staff team. This ensured staff knew people well. One person said, "I have team of four to five carers all of whom I know."
- Staff were supported in their role through systems such as supervisions, an employee assistance program and a speak up system to raise any concerns or worries. A staff member said, "I like the company and they are very supportive. I am satisfied by the work." Another staff member said, "Best company I have worked for, the pastoral care has been second to none."

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 provider understood their responsibilities of the duty of candour and was supporting the interim manager in this area. The service was open and honest with people.

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

- People and staff had been invited to complete a questionnaire. The overall results were positive. Showing that people were happy with the care provided from a consistent staff team.
- Staff felt valued in their role. Staff had been recognised in the provider's monthly awards for exceptional contribution.

Continuous learning and improving care; Working in partnership with others

- The manager was supported by regular senior meetings where information and guidance was communicated. Lessons learnt from incidents, safeguarding and complaints were shared at these meetings to reflect and improve the service.
- People and staff said there was good communication. One staff member said, "Communication is brilliant, I can't fault it." One person said, "It is easy to contact the office even at night. They are always helpful."