DWD Care Ltd

Prestige Nursing and Care - Chelmsford

Inspection report

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22 July 2016
25 July 2016

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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

This inspection took place 21 July 2016 and was announced. We spoke on the telephone to staff and people who used the service 22 July 2016 & 25 July 2016.

The inspection was carried out by one inspector.

Prestige Nursing and Care is a domiciliary care agency providing personal and palliative care to people in their own home. At the time of the inspection 36 people were using the service.

There was a registered manager in post. 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.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report them.

People had risk assessments in place to enable them to be as independent as they could be whilst being kept safe.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.
Effective recruitment processes were in place and followed by the service to ensure staff employed were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Some people administered their own medication.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions and annual appraisals.
Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of additional health professional when required. Staff provided

care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to additional health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Prestige Nursing and Care - Chelmsford

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 21 July 2016 and was announced. We spoke on the telephone to staff and people who used the service 22 July 2016 & 25 July 2016.

We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in May 2014.

During our inspection we observed how staff interacted with people who used the service.

We spoke with four people who used the service, three relatives of people who used the service, the registered manager, the project manager, the field care coordinator and five care staff.

We reviewed six people's care records, four medication records, six staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

People were kept safe from avoidable harm by staff who had received safeguarding training. Staff were able to tell us the actions they would take if they suspected anyone was being abused or was at risk of abuse. One staff member said, "I would call the office or on call immediately and report it." Another staff member told us of an occasion where they had to report an issue. They explained what they had done and what happened as a consequence. There were notices displayed in the office giving information and contacts on safeguarding. This ensured staff were given all the information required to report suspected abuse.

Staff were observed using the call system to gain entry into the block of flats, then knocking on the door of the person using the service. When they left they made sure the door was locked to keep the person safe. One staff member told us, "We have some people who cannot get to the door to let us in; most of those have key codes or key safes. We know the numbers so we can get in."

The project manager told us when staff carried out a visit to a person who used the service; they used the phone to log in and again to log out when they left. This was then shown on the computer system in the office. If staff were 15 minutes late logging in to a visit the system showed an alert to let the office staff know a staff member had not turned up. The office would then call the staff member to find out what the hold-up was and inform the person who was waiting for their visit.

Within care plans we viewed, we found each person who used the service had risk assessments in place. These were for a variety of risks including; moving and handling and pressure care/tissue viability. Risk assessments were in place to assist staff in keeping people safe whilst promoting independence. Staff told us they were reviewed when a person's needs changed. There were risk assessments in place in the office. These included; fire safety and Control Of Substances Hazardous to Health (COSHH).

The service had an emergency contingency plan file. This contained information which could be used in case of emergencies such as not being able to gain access to the office, and adverse weather plans. This was to ensure the service could still work to provide care to people.

On the day of our inspection the internet system was down. The project manager told us that this meant they would not be alerted of any late calls. A decision was made for the office staff to call every person who used the service and every staff member to inform them and to check calls had been carried out. They also gave each person an alternative mobile telephone number to enable them to contact the office if needed. This was done during the morning and again in the afternoon.

Accidents and incidents were reported on the provider's intranet system. This enabled the health and safety officer to review each one and develop an action if required to try to stop reoccurrences if possible. All accidents and incidents were reviewed an analysed and results fed back to the registered manager.

On the day of our inspection there was enough staff to enable people to have the calls and care and support they needed. Staff we spoke with told us there had been a shortage of staff but more care staff had been

employed and it seemed to be improving. The project manager told us; "We have worked hard in the past few weeks to employ more staff." They went on to tell us they had recently employed a care coordinator, a field care supervisor and a recruitment and branch administrator as well as more care staff.

We spoke with a newer member of staff who told us, "I had to take proof of ID into the office, get references and wait for my Disclosure and Barring Service (DBS) check before I could start." The registered manager explained the recruitment process, which included application form, face to face interview, references and DBS checks. Staff files we viewed showed these had all taken place and were recorded. This ensured only staff suitable for the role were employed.

Staff we spoke with told us they had their own rounds and did the same calls to the same people most days. Rotas were sent out to staff weekly giving each day's calls in call order. The rota showed the type of call, the number of staff required and the length of call. This was also used as a time sheet which staff signed and submitted.

Staff told us, "We have to have done the medication training before we can give people their medication." They went on to tell us, some people who used the service were able to take their own medicines; others had Monitored Dosage Systems (MDS) blister packs which staff administered. Where staff assisted with medicine administration the person using the service had separate information regarding the medication they had and protocols for the administration. Staff completed Medication Administration Record (MAR) sheets. We sampled four records and found they had been completed correctly.

Good

Is the service effective?

Our findings

People received effective care from staff that had the required knowledge and skills to provide their care and support. On person we spoke with said, "Yes, the staff are trained to do the job. They know what they are doing."

One person who used the service said, "We have the same girls most of the time. We like that as you get to know each other." All of the people we spoke with made similar comments. The registered manager told us they try to match staff and people and keep staff to the same rounds where possible to aid continuity of care and enable them to build up a rapport. Staff we spoke with confirmed this.

The registered manager told us about the induction process they used. All new staff had to attend a three day face to face induction and training, complete a number of e-learning courses then shadow an experienced member of staff. They then met with the registered manager to see how they felt. They could then be put on double calls to work as a second staff member until they felt confident to work alone. Any new staff who were new to the profession had to complete the care certificate. Staff we spoke with told us they were very well supported by the registered manager; they had regular supervision sessions and annual appraisals. Records we viewed confirmed this. The matrix showed when the last supervision or appraisal had been carried out and when the next one was due.

Staff told us they had a lot of training. One staff member said, "The training is good." A staff member who had recently been promoted told us they had received additional training and support to enable them to carry out the new role and further training had been booked. We viewed the training matrix which listed the staff and the training courses the provider expected them to complete. It also showed the expiry date of each certificate enabling the registered manager to arrange an update before it expired. This was colour coded to help staff see at a glance where training was required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. We checked whether the service was working within the principles of the MCA.

We observed staff gain verbal consent from a person when supporting them on a visit. The person using the service said, "They always ask. I have a male carer come and he never even comes into my bedroom without asking first. That is very nice and respectful." Staff we spoke with were aware of their responsibility to gain consent from people for their care. People who used the service or their representatives had signed consent in their care records.

We observed a staff member asking what food and drink a person who used the service would like. The person had not been well and did not want much to eat. The staff member knew them very well and offered a number of tasty light foods they knew the person liked. A snack and drinks were prepared and given to the person. They were served on a small table so the person could reach without having to move. The staff member made sure the person had a hot drink and left them with cold drinks and snacks to last until they returned at the next call. The staff member told us that the person's family and doctor were aware they had a low appetite at the moment. Staff told us they prepared light meals for some clients, but family usually did the shopping.

Staff told us they would report to the office if they felt anyone who used the service had a health need which needed attention. During our inspection a staff member called the project manager to say they had just left a call where they were providing end of life care and they felt the person was not well but their relative had refused to call the doctor. The registered manager called the person's relative and asked if they could call the doctor, which they agreed to. The registered manager called the person's surgery and explained the situation and arranged for a visit to take place. The person's relative and staff member were kept informed at each stage. This showed staff acted when people's health care needs changed and action was taken.

Good

Is the service caring?

Our findings

One person who used the service said, "They are all so nice, nothing is too much trouble." Another said, "The carers are so friendly and helpful." A relative we spoke with said, "Our carer is a little treasure." Another relative said, "There are carers who do the job and carers who care. Prestige carers are carers who really care."

We observed staff treating people with kindness and compassion and interacting in a caring manner. They got down to the person's eye level and took time to listen to what they had to say. It was obvious the staff member knew the person well and they had a good rapport. The person had not been well and the staff member was supportive and encouraging to assist them. The staff member checked the person's care records to see how they had been on the last visit and updated the records before leaving, but telling the person who used the service what she had written.

People who used the service had been involved in the planning of their care. One person we spoke with said, "I know what is in there (care plan) but I leave it up to them (care staff) to fill it in." "They ask me every time they come what do I want doing." Another person we spoke with told us, "Nothing is too much trouble. They always ask if there is anything else I would like them to do before they leave." Staff told us they tried to involve people with their care plans, if they were not able, then family or representatives were asked. Care plans were reviewed and updated regularly to be reflective of people's changing needs.

The registered manager told us that if the need arose they would assist anyone who used the service to access the services of an advocate. An advocate is an independent person who can speak for and act on behalf of someone.

People told us their privacy and dignity was kept. One person who used the service said, "The girls are very respectful. They always knock on the door or ring the bell and wait to be let in." one staff member said, "We have to remember we are going into people's own homes. We need to respect that." We observed a staff member assisting with person's continence aids. They checked first that it was alright to assist them then carried out the procedure in a respectful way, checking at all times the person was happy. They were kept as covered as possible. This showed the staff member was keeping the person's dignity as much as possible.

Staff told us they tried to keep people as independent as possible and assisted them with care and support rather than doing it for them if they were able. Within people's care plans we saw that they were written in a way to assist with independence.

Good

Is the service responsive?

Our findings

People we spoke with told us they and their relatives where appropriate were involved in the planning of their care. One person said, "[name of registered manager] came to see us when we decided on them." They went on to explain they had completed an assessment to make sure they could provide the care they needed.

Staff told us that people who were new to the service received a visit from the registered manager to carry out an assessment of their needs. This was to ensure the service could meet the person's current and expected future needs. This along with other documentation would be used to start the person's care plan. People we spoke with and documentation we looked at confirmed this had taken place.

People we spoke with confirmed they had been involved in any changes made to their care plans. Care plans were written in a person centred way, individual to each person. They included past history, family members, people and things of importance. This enabled staff to learn about the whole person which enhanced the support they provided. Care plans we reviewed contained plans for each area of care the person received, for example; personal care, showering and moving and positioning. Daily records were kept of every visit made by a member of care staff.

Staff we spoke with told us care plans were reviewed, one staff member said, "Care plans are reviewed regularly by [name of registered manager]." Care plans we reviewed showed these had taken place. This ensured the care provided for people was as required and up to date.

We observed one person receiving a visit. There were positive interactions between the person and the care staff. The person said, "I have [name of care staff] every day. She is so lovely. We have a chat about all sorts when she is here." It was obvious from our observation that they had a good rapport and knew each other well. The person's phone rang whilst we were there and they asked the staff member to answer it. It was the person's son and the staff member was able to give them an update on the person and passed on a message about the time they would visit. Before they left the staff member reminded the person of the time their son would be visiting. The visit was not rushed and as much time as required was given to the person.

The provider had a complaints policy and procedure in place. People we spoke with knew how to complain but had never had the need to. One person said, "Believe me, if I had a complaint I would call and speak to the manager, but I have never had a need to do so."

The provider sent out an annual survey. We were given the results from the 2015 survey. Most of the responses were positive. Of the few negative comments, we saw that these had been actioned and processes had been put into place to prevent them happening in the future. This showed the provider acted on the results to improve the service provided.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Staff and people who used the service knew who they were. A person who used the service said, "I have known [name of registered manager] for a number of years." Staff told us the registered manager was always available. During the inspection we observed the registered manager on the telephone with both staff and people who used the service. It was obvious that they knew who they were speaking with and the calls were relaxed.

Staff told us they received support from the registered manager. One staff member said, "She is helpful and supportive about personal things as well as work." They went on to give us an example of where they had approached the registered manager to tell them of some issues they were having and they worked out how the staff member could work their hours to fit in with family at that time. This showed the registered manager was approachable and supportive.

The registered manager was being supported by the project manager for the provider. Together they had made some positive changes to the service. These included employing staff into new positions to assist the registered manager. Staff we spoke with told us they were aware of the changes and felt they were for the good of the service.

The registered manager was aware of the day to day culture; they were available on a daily basis as well as on call out of hours. They told us they also went out and carried out review visits to people who used the service and spot checks on staff.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The service carried out a number of quality audits. These included; spot checks on staff during a visit, care plans and staff files. The service operated from an office which was managed. The office management group carried out checks on fire safety equipment and alarms. Documentation we saw showed these checks had taken place.

Staff told us they had regular staff meetings. They told us they were informative, the recent one was to introduce new staff members and explain their role within the service. We saw minutes of staff meetings. Copies of minutes were also kept in the personnel files of staff that had attended and were made available for staff that had been unable to attend.

The project manager told us that they had sent out letters to people who used the service and to staff

informing them of the recent changes. A relative we spoke with confirmed that they had received the letters and liked the fact they had been informed.