Prestige Nursing Limited

Prestige Nursing Peterborough

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Prestige Nursing Peterborough is a domiciliary care agency registered to provide personal care for people living in their own homes. They are also registered to provide staff for care homes, hospitals and hospices. They are also registered as a nurse agency. There were no nurses being supplied by the service on the day of our inspection. There were 19 people being supported with the regulated activity of personal care in their own homes at the time of our inspection.

We carried out an announced comprehensive inspection of this service on 08 July 2014. A breach of one legal requirement was found. This was because people who used the service were not protected against the risks of receiving care that was inappropriate or unsafe. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

Summary of findings

This comprehensive inspection was carried out on 30 October and 02 November 2015 to check that the provider had followed their plan and to confirm that they now met legal requirements. We found that the provider had followed their plan, which they told us would be completed by 23 July 2015 and legal requirements had been met. We gave the service 48 hours' notice of our inspection.

There was no registered manager in place during this inspection. There was a branch manager in place whilst arrangements were being made to fill the registered manager 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. There had been no requirements to make applications to the authorising agencies. Staff demonstrated to us that they respected people's choices about how they wished to be supported. However, not all staff were able to demonstrate a sufficiently robust understanding of MCA and DoLS to ensure that people did not have their freedom restricted. The lack of understanding increased the risk that staff would not identify and report back to the management that people were having their freedom restricted in an unlawful manner.

Individual risks to people were identified by staff. Plans were put in place to reduce these risks to enable people to live as independent and safe a life as possible. Arrangements were in place to ensure that people were supported with the safe management of their prescribed medication.

People, where needed, were assisted to access a range of external health care professionals and were assisted to maintain their health. Staff supported people to maintain their links with the local community to promote social inclusion. People's health and nutritional needs were met.

People who used the service were supported by staff in a caring and respectful way. Individualised care and support plans were in place which recorded people's care and support needs. These plans prompted staff on any assistance a person may have required.

People and their relatives were able to raise any suggestions or concerns that they had with the manager and staff and they felt listened to.

There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they were supporting. There were enough staff available to work the service's number of commissioned and contracted work hours. Staff understood their responsibility to report any poor care practice.

Staff were trained to provide care which met people's individual care and support needs. Staff were assisted by the manager to maintain and develop their skills through training. The standard of staff members' work performance was reviewed by the management through observations and supervisions. This was to make sure that staff were confident and competent to deliver this care.

The manager sought feedback about the quality of the service provided from people who used the service. Staff meetings took place and staff were encouraged to raise any suggestions or concerns that they may have had. These meetings and the organisation's website and newsletter were also used to update staff about the service. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified the manager had actions in place to make the necessary amendments. However, not all actions taken were formally recorded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any concerns about poor care.

People were supported with their medication as prescribed.

People's support and care needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were recruited safely.

Good

Is the service effective?
The service was not always effective.

Staff were not always aware of the key requirements of the MCA 2005 and DoLS.

Staff were trained to support people. The manager/senior staff undertook regular observations and supervisions of staff to make sure that staff provided effective support and care to people.

People's health and nutritional needs were met.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and caring in the way that they supported and engaged with people.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were able to continue to live independently with assistance from staff. Staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs were documented and met.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was no registered manager in place. Arrangements were in place to fill this post.

People, their relatives and staff were asked to feedback on the quality of the service provided.

There was a quality monitoring process in place to identify any areas of improvement required within the service.

Prestige Nursing Peterborough

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 30 October and 02 November 2015, and was announced. We gave the service 48 hours' notice because we needed to be sure that the manager and staff would be available. The inspection was completed 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.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. We asked for feedback on the service from a representative of the Peterborough City Council contracts' monitoring team and a hospice clinical lead nurse to help with our inspection planning.

We spoke with six people and one relative of a person who used the service by telephone. We also spoke with the branch manager, a care co-ordinator, a branch assistant/ care worker, and two care workers.

We looked at four people's care records, the systems for monitoring staff training and three staff recruitment files. We looked at other documentation such as quality monitoring records, accidents and incidents records and a business contingency plan. We saw records of weekly contracted/commissioned work hours, compliments and complaints records and four medication administration records.

Good

Is the service safe?

Our findings

At our comprehensive inspection of Prestige Nursing Peterborough on 08 July 2014 we found that people's welfare and safety was at risk because the provider had not made sure that all of the information about people who received the service was up-to-date. Risk assessments to protect people and staff were not always completed with detailed guidance for staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this comprehensive inspection on 30 October and 02 November 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements as described above.

During this inspection we saw that people's care and support needs had been assessed. We saw that risks had been identified and assessed to reduce the risk of harm. Risks included but were not limited to; risk of falls, behaviour that can challenge others, access to the community, people's identified support needs such as when travelling by car and, medication. We noted that risk assessments and support plans gave individual prompts to staff to help assist people to live as independent and safe a life as possible.

People and a relative told us that they or their family member felt safe. One person told us, "I feel very safe with my two carers who I see all the time. They are very nice and I trust them." Another person said, "I always get the same carers who I feel very safe with. I would not be alright without them."

Staff told us that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. This showed us that there were processes in place to reduce the risk of harm.

Staff said that they had time to read people's care and support plans. They said that they contained enough information for them to know the person they were supporting to deliver safe care. Staff told us that if they felt that the support and care plans needed updating they would contact the office and this would be actioned. Up-to-date care and support plans meant that they helped reduce the risk of people receiving inappropriate or unsafe care and assistance.

Staff we spoke with said that the provider carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment, a disclosure and barring service check, photo identification, gaps in employment history explained and proof of address. These checks were to make sure that staff were of good character. This showed us that there were measures in place to help ensure that only suitable staff were employed at the service.

There was a document in people's care plans which detailed the level of medication support required. This also documented whether the person, their family or staff were responsible for either prompting or administering people's medication. People who were supported by staff with their prescribed medication told us that they had no concerns. One person said, "They [staff] always check that I have taken my medication and record it in my book [care record]." Another person told us, "I do all my own medication, but carers do need to remind me sometimes."

Staff who administered medication told us that they received training and that their competency was assessed during their assessments. Staff said that as part of the manager's observations of their work practice, their medication administration competency was checked. However, records we looked at did not document staff medication administration competency checks. We found that peoples medication administration records (MAR) were looked at as part of the providers quality monitoring. However, we found that any action taken as a result of any improvement required was not always formally documented.

People and a relative said that there were always enough staff to safely provide the required care and support and that staff stayed the allocated amount of time. People and their relatives told us that staff were mostly punctual. One person said, "They [staff] always arrive on time and stay for

Good

Is the service safe?

the full session." Another person told us, "I always know who's coming [staff] in advance. They always arrive on time and if they are going to be late then the office will let me know. They always stay for the full time and sometimes stay longer to make sure I'm alright before they leave." People and a relative told us that they or their family member had a core of regular staff and as such they had a positive relationship with staff members who supported them. A relative said, "We feel very safe with our carers. We are now starting to get the same group of carers. In the past that was not always the case. They always arrive on time and stay for the full time."

We looked at two recent weeks of the overall contracted/ commissioned hours of care work the provider had to provide staff for. We then checked the overall hours of staff scheduled availability for that time period. This documented evidence showed us that there were enough staff available to work, to meet the number of care hours commissioned. Staff that we spoke with told us that they received their work schedules in advance and that they had travel time built in between each care call. This made sure that staff were able to use the time allotted to deliver the care and support required and that this time would not be cut short due to travelling between calls. One staff member said, "There is enough staff to cover care [calls], staff are not overloaded." This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

We found that people had risk assessments in place which detailed the internal environment of people's homes, including access to the property, as guidance for staff. We saw that there was an overall business contingency plan in case of an emergency. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

Requires improvement

Is the service effective?

Our findings

We spoke with the manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. There had been no requirements to make applications to the authorising agencies. Staff demonstrated to us that they respected people's choice about how they wished to be supported. However, not all staff were able to demonstrate a sufficiently robust understanding of MCA and DoLS to ensure that people did not have their freedom restricted. The lack of understanding increased the risk that staff would not identify and report back to the management that people were having their freedom restricted in an unlawful manner.

People and a relative said that staff respected their/ their family member's choices. One person said, "They [staff] always ask my consent before they do any personal care. They also ask if I am happy when they do other things for me." Another person told us, "They [staff] always check with me before they do anything to make sure I am happy with it." One other person said, "They [staff] are always very careful to ask for consent before they start anything." Staff we spoke with had a clear understanding about including and involving each person in decisions about all aspects of their lives. One staff member said, "You must always try to involve the person to make their own choices. If a person can't tell you their choices look for their body language and facial expressions [as a way to determine their choice]." This, they said, would help them understand the choices of people they supported who were unable to communicate their wishes. Records confirmed to us that the manager had completed training on MCA 2005 and DoLS. Records showed that MCA 2005 training was included in the end of life training staff completed. However, on speaking to staff we noted that their knowledge about MCA 2005 and DoLS was not always embedded.

People, where appropriate, were supported by staff with their meal and drinks preparation. People were supported to help them remain independent in their own homes, which was their goal. Staff told us how they supported people with their meals but that the meal selection was the person's own choice. A person said, "They [staff] make my breakfast, lunch and tea for me and I always have a choice of what I want to eat. They [staff] leave me a drink before they go." Another person told us, "They [staff] prepare my breakfast and always clear everything up when they are finished…..They [staff] also make me a hot drink before they go."

Staff told us that they were supported with regular supervisions and observations undertaken by a senior member of staff whilst working. Records we looked at confirmed that supervisions, observations and appraisals happened. Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team for several days. This was until they were deemed confident and competent by the manager to provide safe and effective care and support to people.

A person we spoke with said, "The carers I get are well trained and know exactly what they are doing." A relative told us, "Most of the carers we get are well trained and know what they are doing. We do have a slight problem with one for whom English is a second language and does not always understand and we have to point [them] in the right direction." Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the manager's record of staff training undertaken to date. Training was mixture of on-line training and practical classroom based training. Training included, but was not limited to, food hygiene, dementia care, infection control, emergency procedures, dignity in care, end of life care, safeguarding, health and safety, medication awareness, and moving and handling. Staff told us how the service had supported them to undertake additional national qualifications in health and social care to develop their skills. This showed us that staff were supported to provide effective care and support.

Staff involved external healthcare to provide assistance if there were any concerns about the health of people using the service. Care records we looked at recorded external health care input when needed for people who required support in this way. This included but was not limited to; input from a district nurse. People who were assisted in this way told us that they were also supported by staff to access

Requires improvement

Is the service effective?

external health care professionals. One person said, “They [staff] also arrange all my medical appointments for me.” Another person told us, “They [staff] have rung the GP for me when I had a problem.”

Good

Is the service caring?

Our findings

People and a relative had positive comments about the service provided. We were told that staff supported people in a caring and respectful manner. One person said, "The care I get is excellent. My carers would do anything for me. Nothing is too much trouble. They are always respectful and are very polite." Another person told us, "The care I get is very good and I cannot fault it. Nothing is too much trouble. They [staff] are polite and courteous and we always chat. Their support helps me keep going and try to do things for myself." A third person said, "The care I get from my regular carers is excellent. They treat me with total respect and nothing is too much trouble. They try their best to get me to be as independent as possible."

Care records we looked at included social and personal information about the person being supported. This included people's individual wishes on how they wanted to be assisted. People and a relative told us that they were involved in decisions about their or their family member's care. They said that they were informed by staff of any concerns about their family member. One person said how they had met with the service and, "Had a meeting to work out what I needed [support]." A relative told us, "We had our planning meeting in [named month] and it was very useful and helpful." They went on to tell us that their family member had a review several weeks ago to make sure that their family member's care records were up-to-date. Information that was documented about a person in their care and support plans gave staff a greater understanding of the needs of the person they would be supporting.

People told us that staff showed them both privacy and dignity when supporting them. One person confirmed to us that staff knocked and called out to them when they arrived. A person said, "As they [staff] shower me they always ask if I am happy with their support." Another person told us that staff, "Always respect my space and me." People who had a preference told us that their request for either all male or female care workers was facilitated in the main by the service. One person said, "I now get all female carers. I do get an occasional male carer but that was only in an emergency. I feel safe with all my carers." Another person confirmed to us that they get all female carers.

Care records we looked at showed that there were legal representatives in place where people needed support in making certain decisions about their care and finances. However, we saw that there was no information for people who used the service if they wished to obtain additional support from an advocacy service which could then be made available to them if needed.

Good

Is the service responsive?

Our findings

Prior to using the service, people's care and support needs were planned and assessed to make sure that the service could meet their individual needs. Records we looked at showed that people's care and support plans were agreed by the person, their legal representative, or appropriate family member and reviewed. These reviews were carried out to ensure that people's current support and care needs were documented as information for the staff that supported them. A clinical lead nurse fed back to us that, Prestige Nursing Peterborough were responsive and accommodating to people who required an urgent care package to support hospital discharge or to facilitate them to remain safely at home. An individualised care and support plan was developed by the service in conjunction with the person, their family, their legal representative and the relevant health and social care professionals to provide guidance to staff on the support and care the person needed.

We looked at four people's care and support plans during our inspection. Records detailed how many care workers should attend each care call. We saw guidelines in place for each care call. This helped care staff to be clear about the support and care that was to be provided. We noted details in place regarding the person's family contacts, doctor and assigned social worker (where appropriate). Individual preferences were recorded and included how people wished their care to be provided and what was important to them.

The support that people received included assistance with personal care and with their prescribed medication, preparation of meals and drinks, and attending health appointments. We noted that staff supported some people with their links with the local communities. One person said, "They [staff] take me out so I can go out to the shops, which keeps me independent and much healthier." There were care and support agreements in place, signed either by the person or their legal representative. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, and assisting people with their medication. One person told us, "They [staff] are so helpful and really understand me. I do try to keep as independent as possible and they help in achieving that."

People and a relative told us that that they knew how to raise a concern but that they had not needed to do so yet. There was a complaints policy and procedure in place in the agency as well as the use of telephone monitoring. This is where a member of office staff rang people on a regular basis to ask them to give feedback on the service provided. People told us that they felt that they were able to talk freely to staff and that their views were listened to and acknowledged. One person said, "They [staff] certainly know what I like and try to make sure that's what I get. …..They [management] do check that everything is alright every so often." Another person told us, "I have no complaints, everything is fine." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. We noted that the service had received compliments about the service provided. We also looked at records of complaints received. Records showed that complaints received had been investigated and any actions taken as a result of the investigation into the concerns had been documented.

Good

Is the service well-led?

Our findings

There was no registered manager in place during this inspection. There was a branch manager in place who had applied to the Care Quality Commission to fill the registered manager post. The manager was supported by care staff and non-care staff. People we spoke with had positive comments to make about the staff and the service. One person said, "The care I get is very good. They [staff] always try to do their best for me and we get on really well." One staff member said, "It is a very good agency ….communication is good." A clinical lead nurse fed back that Prestige Nursing Peterborough management were communicative and friendly and that for out of hours, it was a huge advantage to them to be able to speak to a manager in person.

Staff told us that an "open" culture existed and they were free to make suggestions, raise concerns, drive improvement and that the manager was supportive to them. The manager told us that staff were also updated on the service via the organisation's website and newsletters. Staff told us that the manager and office staff had an "open door" policy which meant that staff could speak to them if they wished to do so. They also told us that staff meetings happened and staff surveys undertaken where they were able to raise any concerns or suggestions that they may have. Staff said that this made them feel supported.

The manager sought feedback about the quality of the service provided from people who used the service and their relatives by asking them to complete surveys and telephone monitoring. The manager also sent out to people using the service staff member assessments requests. These requests asked the person or their appropriate relative to 'rate' the standard of care delivered by their assigned staff member. Records showed that staff members received feedback from these assessments as part of their development. One person confirmed to us that, "They [management] do send out questionnaires which I send back." We saw that feedback on the service was mainly positive.

During this inspection we saw that the manager's quality monitoring checks included audits of new staff recruitment checks, people's care records and medication administration records. We saw that the service had taken action to reduce the recurrence of any accidents and incidents. The manager talked us through any actions taken as a result of improvements required from the quality monitoring checks. However, we found that actions taken as a result of learning were not always formally recorded.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.

The manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided.