

Prestige Nursing Limited

Prestige Nursing York

Inspection report

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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

Prestige Nursing York is a domiciliary care service registered to provide personal care to people living in their own homes.

We inspected this service on 7 and 19 April 2017. The registered provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited. At the time of our inspection there were nine people using the service. At the last inspection, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People who used the service felt safe with the care and support that staff provided. People were protected from the risk of abuse by staff trained to identify and respond to safeguarding concerns.

Robust recruitment procedures were in place and sufficient staff were employed to ensure people's needs were met. We received positive feedback about the consistency of staff that supported people who used the service. This enabled people to develop positive caring relationships with the staff that visited them and supported staff to get to know people and how best to meet their needs.

Care plans and risk assessments were used to provide guidance to staff on how to safely meet people's needs. Care plans and risk assessments were person-centred.

Staff received comprehensive training and on-going supervisions, spot checks and appraisals were completed to support continued professional development. Systems were in place to support staff to safely administer medicines. Staff supported people to ensure they ate and drank enough.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We spoke with the registered manager about maintaining clearer more robust records where there were concerns regarding people's mental capacity.

People who used the service provided very positive feedback about the kind, caring and attentive staff that supported them. Staff supported people to have choice and control over their care and support and to maintain their privacy and dignity.

People who used the service, relatives and staff we spoke with told us the service was well-led. There was a positive atmosphere within the service. The service was well organised and there was a comprehensive system of audits to monitor the quality of the care and support provided. Although there had been no complaints about the service, there was a system in place to gather and respond to feedback about the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Prestige Nursing York

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 registered provider was 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 comprehensive inspection took place on 7 and 19 April 2017. The inspection was announced. This meant the registered provider and staff knew we would be visiting. The registered provider was given notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited. The inspection was carried out by one Adult Social Care Inspector.

Before our inspection, we looked at information we held about the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with three people who used the service and obtained feedback from two people's relatives. We spoke with the registered manager, field care supervisor and three members of staff. We looked at three people's care records, three staff recruitment and training records, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service.

Is the service safe?

Our findings

People who used the service consistently told us they felt safe with the care and support that staff provided. Comments included, "I do feel safe" and "I feel extremely safe with them [staff]."

There had been no safeguarding concerns involving people who used the service since our last inspection. Staff we spoke with understood their responsibility to identify and address safeguarding concerns. The registered provider ensured staff received appropriate training on how to safeguard vulnerable adults from abuse. We saw a safeguarding policy and procedure was in place although this needed to be updated to reflect changes introduced by the Care Act 2014. The registered manager told us they were aware of this and it was being updated.

People's needs were assessed before they started using the service. We reviewed three people's care records and saw that each person had care plans and risk assessments in place to guide staff on how to provide care and support in a way that minimised risks and kept people safe. For example, we saw care plans and risk assessments were in place to manage the risks associated with people's mobility and the risk of falling, their environment and the risk of developing pressure sores.

There had been no accidents or incidents involving people who used the service since our last inspection of the service, however, systems were in place to ensure these would be recorded and reported to the registered manager if necessary.

Safe recruitment practices were followed to ensure suitable staff were employed. We reviewed recruitment records relating to three members of staff. We saw that staff were required to complete an application form, have an interview, provide references and checks had been made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

There were sufficient staff employed to meet people's needs. Staff were provided with rotas detailing their allocated visits and the registered manager used an electronic call monitoring system to monitor and ensure staff were in the right place at the right time. People consistently told us staff arrived on time and did not miss visits. Comments included, "They are very punctual" and "On the whole they are on time and they have never missed a visit." Relatives of people who used the service said, "They come on time" and "They are punctual...they have never let me down they always turn up."

The registered provider had a medicine policy and procedure and staff completed training on medicine management. Medication competency tests were also completed. This enabled the registered manager to monitor and ensure staff were administering medicines safely and in line with guidance on best practice.

People who used the service told us they were satisfied with the support provided to take their prescribed medicines. We saw that care plans and risk assessments were in place and staff used Medication

Administration Records (MARs) to document medicines administered. Our checks showed minor gaps on MARs, however, people's corresponding daily notes documented that the person's medicines had been administered. We saw that MARs were audited on their return to the office to identify and address these recording issues.

Is the service effective?

Our findings

People who used the service were complimentary about the skills, knowledge and experience of the staff who supported them. For example, one person said, "I think [registered manager's name] is very good at picking people who want to learn. The person supporting me is always going on courses." They explained how the member of staff who supported them asked questions and did their own research and reading to better understand their needs and how best to support them. A relative of someone who used the service told us, "They [staff] have got quite a lot of experience...I have every confidence in them."

We reviewed the registered provider's induction and training programme. We saw that all new staff had to complete e-learning on a range of topics including safeguarding children, handling information, food hygiene, infection control, equality and diversity, dementia, health and safety, safeguarding adults, fluid and nutrition, mental health, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. In addition, taught courses were provided on topics such as moving and handling and managing medicines to ensure staff had the practical skills needed to provide effective care. We saw that all training had been completed before new staff started providing care and regular refresher training was undertaken by existing members of staff.

Staff provided positive feedback about the training provided and told us they were supported to access a range of learning and development opportunities. Comments included, "It's very thorough the training" and "You never stop learning, [the refresher training] it makes you think again."

The registered manager kept a record of all training courses completed so they could identify when training needed to be updated. This alongside training certificates and our conversations with staff demonstrated that they received regular training to support them to provide effective care.

Staff told us they felt supported by the registered manager. We saw that a system was in place to ensure staff received regular supervisions and annual appraisals. Records also evidenced that regular observations of staff practice were used to monitor their performance and provide guidance on best practice.

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. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

At the time of our inspection, no one who used the service was deprived of their liberty. We saw that people were asked to sign their care records to show that they consented to the care and support provided. Staff we spoke with showed a good understanding of the importance of consent and respecting people's right to make decisions. It was not always clear where people's next of kin had signed their care plans, whether this

was with the person's consent, or in their best interests. Although we saw good evidence that staff were working within the principles of the MCA, we spoke with the registered manager more robustly recording issues or concerns regarding people's mental capacity and consent to care.

Where necessary, staff supported people who used the service to do shopping and to prepare meals and drinks. Where this was the case, information was recorded in people's daily notes about what people had eaten and drunk. This enable staff to monitor people's nutritional needs and identify concerns regards people's food and fluid intake. Daily notes demonstrated that people received regular support to ensure they ate and drank enough. Staff we spoke with told us how they prompted and encouraged people to eat and drink regularly and referred any concerns they had to people's relatives and/or the registered manager.

People who used the service told us they were supported to promote and maintain their health. People's care records contained information about their significant health needs as well as details about any support required from staff to meet those needs. Care records also contained contact information for healthcare professionals involved in supporting that person. Daily notes and our conversations with staff showed that people were supported to access healthcare services when needed.

Is the service caring?

Our findings

People we spoke with provided consistently positive feedback about the kind and caring staff who supported them. Comments from people who used the service included, "I think the staff are very good" and "They are really lovely people. They have a good approach. They see you as a person which I appreciate." Relatives of people who used the service said, "They are very caring and look after them" and "They are so kind to [relative's name]. They know them so well, they are so kind and patient, I can only praise them."

We saw rotas were organised to ensure that people who used the service were supported by a small group of familiar staff. We received positive feedback about the continuity of care staff from people who used the service, whilst a relative told us, "We have had the same carers. The continuity has been brilliant. Because they have been coming for so long they have got to know [relative's name]."

People spoke fondly about the staff that supported them. It was clear from our conversations that people valued the positive caring interactions with staff from Prestige Nursing York and benefited from their kind and caring approach. Both staff and people who used the service confirmed that they were introduced to new people to support them to get to know each other. Staff we spoke with told us they also received copies of the person's care plans to read and shadowed another member of staff when meeting someone new. This supported people who used the service and staff to develop meaningful caring relationships.

People told us staff treated them with dignity and respect. People told us they were comfortable and at ease around staff. Staff we spoke with appropriately described how they provided care and support in a way which maintained people's privacy and promoted their dignity. One member of staff explained, "We try to make them [people who used the service] feel comfortable and we promote independence."

People who used the service told us they felt that staff listened to them and respected their decisions. People who used the service were involved in setting up their package of care and told us they were regularly consulted to ensure they were satisfied with how their care and support was being provided. This demonstrated that people were actively involved in decisions regarding their care and support.

The registered manager understood the role of an advocate and explained how they would support a person to access advocacy services if necessary. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

Is the service responsive?

Our findings

People and relatives we spoke with told us staff were flexible and responsive to their needs. A relative of someone who used the service said, "They [staff] are absolutely dedicated and they go above and beyond what they have to do."

We reviewed three people's care records and found that they contained information about each person's needs and the care and support required. Care plans covered all aspects of people's needs with information about what people did for themselves and what support was required from staff. Whilst care records provided a good overview of people's needs, we spoke with the registered manager about providing more specific guidance to staff about how the care and support should be delivered taking into account people's specific personal preferences. Despite this, we received consistently positive feedback about the responsive care that staff provided. With people telling us staff were 'fantastic' and 'brilliant' at meeting their needs. People told us they were supported by regular staff who were familiar with their needs and how best to support them. This enabled staff to provide person centred care.

The registered manager told us their minimum length of visit was an hour and that they made this decision to ensure staff had sufficient time to provide a person-centred service without having to rush to the next person. Staff we spoke with told us they were not rushed or pressured to pick up additional visits and that this approach enabled them to provide the care and support that people wanted.

People who used the service and their relatives told us they were involved in decisions about the care and support provided and this ensured that it was personalised to meet their needs. We saw that care plans and risk assessments were reviewed and updated regularly and that people who were consulted and involved in this process.

New staff shadowed more experience workers to learn how to best meet people's needs. This alongside the care and attention given to ensuring people were supported by a small group of staff supported staff to provide person-centred care.

A copy of people's care records were kept in their homes for them and for staff to reference during their visits. Staff kept detailed daily records of the care and support provided at each visit. This ensured that important information was handed over and enabled staff to keep up-to-date with people's changing needs. A relative of someone who used the service said, "They [staff] write in the notes, they do a running record, they write everything down."

The registered provider had a policy and procedure in place providing details about how they would manage and respond to complaints. Information about the complaints procedure was provided to people who used the service so they had the information they would need to raise concerns.

There had been no complaints about the service provided since our last inspection. People told us they were happy with the way their personal care was delivered and were confident any concerns or complaints

would be appropriately addressed if necessary. People we spoke with knew the registered manager by name and told us they were approachable and responsive to their feedback. One person who used the service commented, "If you've got a problem they sort it out."

The registered manager kept records of compliments staff had received. This showed that staff had received a range of positive feedback about the care and support they provided. Comments included, "Your carers are very special" and "I would like to say I am very happy with Prestige...You do a great job."

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post and they had been the services registered manager since October 2010.

We asked people who used the service what they thought of Prestige Nursing York and whether they felt the service was well-led. Feedback included, "I've got no complaints at all, they are absolutely brilliant", "It's the best company in York...[Registered manager's name] is so organised and they are there for the clients" and "They are a brilliant service. They have been absolutely fantastic. I am very impressed with them." A relative of someone who used the service said, "They are extremely good, I cannot praise them enough. I would recommend them to anyone."

We found there was a positive culture within the service. Staff provided consistently positive feedback about the registered manager and their management of the service. Two members of staff told us, "It's the best company I've worked for." Other comments included, "Everything is organised really well" and "The service is so personalised and person-centred. You are not rushed with people." Staff told us they felt supported by the registered manager and told us advice and guidance was always available including out of office hours. One member of staff said, "I feel I can talk to them and they listen. Any problems, I phone the office and it is always followed through."

We saw the registered provider had an established system of audits and quality assurance checks to monitor the care and support provided. This included audits of daily records and Medication Administration Records as well as spot checks of staff's practices. Quality monitoring visits and telephone calls were made to people who used the service as well as an annual quality assurance survey to gather feedback about the care and support provided. People who used the service and their relatives were also asked to complete 'assessment forms' to provide feedback about the individual members of staff that supported them. The feedback we saw which had been received demonstrated that people were very happy with the service provided.

Administrative systems were well organised. Policies and procedures were in place to govern and support the effective running of the service. We asked for a variety of records and documentation during the course of our inspection, we found that records were well-maintained, securely stored, but easily accessible on request. We saw that systems were in place to ensure audits, training, supervisions and appraisals were all completed in a timely manner.

We asked the registered manager how they kept up-to-date with important changes in legislation or guidance on best practice. They told us they received updates from the registered provider. We saw that the registered provider produced a weekly newsletter with detailed information about changes in policies or important information the registered manager needed to be aware of.

Information was shared with staff through team meetings and via the internet, where staff could 'log-in' to

access a staff area where notices could be left. Staff we spoke with told us there was good communication and they were kept up-to-date with changes in people's needs or important information about the running of the service.