

Prestige Nursing Limited

Prestige Nursing – Sutton

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 

Overall summary

This inspection took place on 13 January 2015 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. When we last visited the service on 20 May 2013 we found the service was meeting the regulations we looked at.

Prestige Nursing – Sutton provides personal care to people with a range of needs, in particular older people. The service provides regular support for people in their own homes.

The service did not have a registered manager. 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. Since the previous registered manager was promoted internally two branch managers had been appointed but neither remained with the organisation.

Summary of findings

Care workers understood how to recognise abuse and protect people from the risk of abuse. Risks were managed well and people's views about risks to them were taken into consideration during the risk assessment process. People using the service, their relative and care workers were encouraged to provide feedback and to raise any concerns about their care. Concerns were investigated and responded to appropriately to keep people safe. Medicines management was safe and only care workers assessed as competent administered medicines.

There were enough care workers to meet people's needs and recruitment procedures were safe. The provider supported care workers through effective induction, supervision, appraisal and training. People received the food they wanted and were supported with their day-to-day health needs.

People were treated with kindness and respect. People and their relatives were involved in care planning and care plans reflected their views, backgrounds and preferences. Care workers were aware of this information and knew the people they were supporting. They carried out care according to people's wishes as people were given choice and control regarding their care. People were supported to be as independent as they wanted to be.

The provider had effective systems in place to monitor the quality of care provided to people and monitored the attitudes and behaviours of care workers. There was an emphasis on transparency and openness.

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. Care workers understood the signs that people might have been subjected to abuse and knew how to keep them safe. Risks to people were well managed and shared with care workers so they could provide the right support to people.

There were enough care workers employed to care and support people. Recruitment practices were robust so only suitable care workers were selected.

Medicines management was safe, with only care workers assessed as competent administering medicines.

Good



Is the service effective?

The service was effective. Care workers were well supported through induction, supervision, appraisal and training. Care workers understood and made use of the Mental Capacity Act (2005) to ensure decisions were made in people's best interests. People received the right support in relation to food and drink and their day-to-day health needs.

Good



Is the service caring?

The service was caring. Care workers treated people with dignity and respect. People received care from staff who understood their needs and respected their wishes for how their care was delivered. People were involved in their own care and were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive. People's care was appropriately assessed, monitored and reviewed and they had choice and control in how their care was delivered. People and their relatives were encouraged to raise concerns and these were investigated and responded to in line with the complaints procedure.

Good



Is the service well-led?

The service was not always well-led because there was no registered manager. Other aspects of the service were well-led. There was an emphasis on transparency and honesty. Systems were in place to encourage feedback and monitor the quality of service.

Good



Prestige Nursing – Sutton

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 13 January 2015 and was announced. We gave the area manager 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). We reviewed this, as well

as other information we held about the service and the provider. We also contacted the local authority commissioning team to ask them about their views of the service provided to people.

During the inspection we spoke with the area manager and two members of branch staff. We looked at three people's care records to see how their care was planned, three care workers recruitment files and records relating to the management of the service. We then visited a person in their own home to ask their views of the service and the views of their relative. We observed a care worker's interactions with them.

After the inspection we spoke with three people using the service, two relatives, four care workers a social worker and a person in the local authority brokerage team.

Is the service safe?

Our findings

People using the service told us the care workers made them feel safe. One person said, “I feel safe, I’ve had no concerns.” Another person told us, “I feel safe as I know the [care workers] are carefully chosen. They’ve all got good temperaments, they are nice and never shout.” Care workers knew how to recognise signs of potential abuse and understood how to protect people if safeguarding concerns were raised. Care workers received training in safeguarding people at risk as part of their induction, before they began providing care. They were then trained annually in safeguarding to ensure they had up-to-date knowledge. The area manager reported Safeguarding concerns to the local authority as per the organisations safeguarding policy.

Arrangements were in place for managing risk appropriately while involving people in decisions about risks they may take. Risk assessments were in place regarding risks specific to each person, such as moving and handling. Risk management plans guided care workers in supporting people to reduce these risks. This information was up-to-date as it was regularly reviewed. This meant that care workers had access to current information about the people they supported and how to keep them safe. Staff consulted people or their relatives about managing risks as they regularly met with them to review these risk assessments.

Formal and informal methods were used to share information on risks to people’s care, treatment and support with staff. Branch staff informed care workers about risks before working with people and care workers were also able to read care plans before providing care to people. The service alerted care workers when level of risks to people changed and they required care to be delivered in different ways to ensure their immediate safety.

People using the service, their relatives and care workers told us there were enough care workers to meet people’s needs. People told us they had not experienced missed calls and usually the same care workers came to support them. This meant they received consistency of care.

The area manager told us there were sometimes issues with care workers cancelling at short notice so emergency cover had to be found. However, other care workers or branch staff who were appropriately experienced and trained would provide this cover to ensure people received appropriate care.

The service followed safe recruitment practices. Branch staff ensured the necessary checks were completed ensuring care workers were suitable to work with people using the service. These included reviewing work histories and gaps in employment, assessing competence at interview, obtaining suitable references and completing criminal records checks. Applicant’s health conditions were also assessed as part of the application process.

The provider had appropriate arrangements for the safe management of medicines. Only care workers who had been assessed as competent administered medicines. Competency assessments took place annually to ensure care workers retained the necessary knowledge and skills. When people’s medicines changed, branch staff informed care workers immediately so they were aware. Care workers informed branch staff if they observed medicines errors had taken place, such as when medicines administration records (MAR charts) not being signed. Branch staff then investigated these incidents to identify what went wrong so action could be taken to prevent these from happening again. In addition MAR charts were reviewed by branch staff each month and any errors addressed.

Is the service effective?

Our findings

People were supported by care workers who received effective induction, supervision and training to carry out their roles. New care workers completed an induction before working unsupervised with people. This included e-learning and group training in range of topics including safeguarding adults, first aid, food hygiene, cultures and religions and dementia. Records showed, and care workers told us, they had regular supervision and appraisal where they received constructive feedback on their performance and were able to share their views and concerns. A training programme, covering a variety of topics, was in place for all care workers. Training requirements for individual care workers were closely monitored by branch staff who ensured care workers were provided refresher training. All care workers told us the training was of good quality and helped them to carry out their roles effectively.

The area manager and care workers understood and made use of the Mental Capacity Act 2005 (MCA). Care workers involved people in decisions about their care to help ensure their human and legal rights were upheld. Recently when a person lacked the capacity to make certain decisions, care workers liaised with the person's social worker and family to ensure that best interest's decisions were made in relation to the care the person received. All care workers received regular training in the MCA to help them understand their responsibilities in relation to this.

People were supported to have their assessed needs, preferences and choices met by care workers with the right skills and knowledge. Before care workers worked with people they received information from branch staff about them so they understood how to provide care to meet their needs. People's care plans were kept in their homes so care workers could refer to these for more detailed information.

People were involved in decisions about what they ate and drank. Where care workers prepared meals for people using the service they, their relatives, chose the meals. They obtained the ingredients and directed the care workers on what to cook. People told us the food and drink were to their satisfaction. Care workers knew to report any concerns related to people's eating and drinking to the branch staff so they could provide the necessary support.

People's day-to-day health needs were met and where people had specific health needs care plans and risk assessments were in place to guide care workers in supporting people with their healthcare needs. For example, for a person who required their skin to be monitored for pressure ulcers, care workers reported and recorded concerns in line with the care plan. In addition, care workers had received training in pressure ulcer management so they understood how to care and support people at risk of developing pressure ulcers. When care workers had concerns about people's general health and wellbeing they informed their GP so they received the necessary medical support.

Is the service caring?

Our findings

People felt listened to and made positive comments about the staff and the service they received. One person using the service told us, “The [care workers] are very good, very nice and pleasant. They are caring.” They also said, “[The care-coordinator] is absolutely excellent. She is very nice when she rings.” Another person told us, “The [care workers] are very good, I’m pleased with all the [care workers].” A third person said, “[The branch staff] are so thoughtful. This morning they gave me a ring to tell me my [care worker] was held up in traffic.”

Branch staff and care workers showed concern for people in a caring and meaningful way. A social worker told us how the service had supported a person living with dementia at a difficult period in their life. They described how they went above and beyond what they had expected in caring for the person to ensure their needs were met. They told us the service was brilliant and left a very good impression. There were other small things that staff did to show they treated people with consideration. For example branch staff sent out birthday cards to people using the service as a way of showing them they mattered.

People and their relatives were involved in making decisions and planning their care. Before providing care, a member of branch staff met with people or their relatives to involve them in care planning. One relative told us, “They asked about [my family member], what he can and can’t do, what we wanted them to do...”

People were treated with dignity and respect. During a home visit we observed a care worker checking they had everything in place before providing personal care so that personal care would not be interrupted. They also ensured the bathroom door was locked to ensure the person’s privacy was maintained. Relatives told us care workers did not rush when providing care. All care workers attended training in how to provide care in a dignified way as part of their induction and then every three years after. At the end of the training care workers’ competency was assessed. Where care workers lacked the necessary understanding they were provided further support.

People could be as independent as they wanted to be. A relative told us, “[The care workers] encourage [my family member] to wash [themselves] as much as they can.” Care workers told us it was important to encourage people to do as much as possible themselves to retain their independent living skills.

Is the service responsive?

Our findings

People told us, and our discussions showed, care workers knew the people they were supporting, including their preferences and personal histories. A relative told us, “[The care workers] know [my family member’s] routine and understand him.” Care workers confirmed they knew the people from reading their care plans and developing relationships over time, and people confirmed this.

People’s wishes for how they wanted their care delivered were recorded in care plans. In addition, care plans reflected people’s personal history, individual preferences, interests and aspirations as people were asked about these things. This meant care workers had access information they needed to support people appropriately.

People’s care plans were regularly reviewed to ensure the information was up to date and reflected people’s wishes. One person told us, “My next risk assessment review is due next week. When they come they ask my questions [about what I want], I’m very happy with them.”

People told us care workers delivered their care in the way they wanted. Branch staff contacted people or their relatives regularly to review their planned care, ensuring it was delivered in the way people wished. People told us they felt listened to as the service acted on their views.

The service encouraged people to have choice and control over their care. Care workers supported people to make choices in their day-to-day care, for example in choosing clothes and meals. People had control over their care because the service regularly asked them for their views. Branch staff visited, telephoned people and sent out satisfaction surveys to check people were happy with their care. Their feedback was reviewed and the necessary changes made to ensure their care was delivered as they wished. This meant people felt in control of their care and all were positive about the service. People and relatives all told us the service was “very good” and they were “very happy”.

People knew how to share their experiences or raise a concern or complaint. The service ensured people were provided with information about how to raise concerns. Details were provided in the service user guide given to all people before their care started. People felt comfortable in raising concerns because they felt branch staff listened to them. One person told us, “If I had to complain I’d contact the office and they’d deal with it”. Records showed complaints had been investigated and responded to promptly, according to the Prestige complaints policy.

Complaints and concerns had been used as opportunities for improvement. Where complaints were found to be with substance action had been taken to address the concerns and records showed several examples of this.

Is the service well-led?

Our findings

There was no registered manager in post. The area manager had previously been the registered manager before they were promoted. They deregistered with CQC in August 2014 and since then continued to manage the service, as well as overseeing eight other Prestige agencies, whilst recruiting a new manager. Two managers had been appointed since the promotion, but the appointments had not worked out. Not having a registered manager means the service is not meeting their condition of registration which requires them to have a registered manager. The area manager was holding interviews the week of our inspection and told us they would ensure any successful applicant would apply to be the registered manager as soon as possible.

People using the service, their relatives and care workers told us the service was well-led and encouraged open communication, despite not having a registered manager. They told us the branch staff supported them well, and the area manager was always available. Care workers told us they spoke with branch staff most days. One care worker told us, “The branch staff are lovely, they always respond quickly and tell me what I need to know.” Branch staff also communicated with care workers informing them of anything urgent. To improve communication and to keep staff and people informed about the service, the provider produced weekly and monthly newsletters.

There was an emphasis on transparency and openness. For example, when the service experienced unexpected staffing difficulties over one weekend, they communicated this to people using the service and explained the situation in writing to local authority commissioners. On a different occasion when a person did not receive a visit, the service investigated this and apologised by phone and in writing to the person.

Care workers were supported to question practice. Care workers were aware of the whistleblowing policy from their induction and felt confident in raising concerns. Where care workers had raised concerns about the performance of other care workers the area manager had investigated their

concerns hearing from all parties. They had taken appropriate action based on their investigation. Care workers felt any concerns they raised would be listened to and handled appropriately.

Managers and care workers had a shared understanding of the key challenges in the service. The area manager told us the turnover of care workers was relatively high and they had explored the reasons for this, and the pay may be one reason for this. They were aware of the challenges this presented and were exploring ways to improve staff retention.

The area manager monitored the quality of care people received and sought feedback on the way they were cared for and supported by their care workers. The branch staff regularly contacted people via phone and questionnaire to ask for feedback about individual care workers. Topics such as their punctuality, willingness and capability were enquired about. Spot-checks were also carried out where branch staff directly observed how care workers interacted with people. Where concerns were raised the service ensured these were responded to appropriately.

A quality assurance lead worked in the branch monitoring the quality of various aspects of the service provision. The provider used an electronic system to monitor care workers' time-keeping. Issues with punctuality or missed calls were automatically flagged to the branch staff or an on-call manager if out-of-hours and dealt with. The quality assurance lead also monitored care workers training using an automated system. We reviewed this system and noted the service was successful at ensuring care workers completed refresher training when necessary. The same system also flagged when various checks about staff's suitability to work for the agency were due to be reviewed.

The provider had an award system to recognise, thank and motivate care workers. “Member of the month” was awarded to care workers who the branch received the most positive feedback about when gathering feedback from people or who had been proved themselves in some other way. “Carers of the year” were awarded to care workers who had shown themselves to be outstanding in some way.