Prestige Nursing Limited

Prestige Nursing Liverpool

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

This announced inspection took place on 6 November 2017 and was conducted by an adult social care inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger disabled adults and children. The service is also registered to provide nursing care, but was not actively doing so at the time of the inspection.

Not everyone using Prestige Nursing Liverpool receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was 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 told us that they felt safe when receiving a service from Prestige Nursing Liverpool. The service had a robust approach to safeguarding people from abuse and discrimination. Staff were trained in safeguarding practice and were able to refer to an extensive policy which clearly defined how to respond when concerns were identified.

Senior staff were trained in the completion of risk assessments and we saw from care records that they were regularly reviewed and updated when needs changed. This was done in conjunction with health and social care specialists where appropriate.

Staff were recruited safely and in sufficient numbers to allow for consistency of care. Staff were appointed following the completion of essential checks and in accordance with best-practice.

Medicines were stored and administered in people's own homes in accordance with best-practice. We saw from care records that people's needs and wishes regarding medicines were clearly documented and regularly reviewed in conjunction with the person, their representative and healthcare professionals where appropriate.

People told us that the service and staff ensured that their care needs were met and that staff were suitably skilled. People also told us, and we saw in care records that their needs in relation to a range of health and social requirements were assessed and regularly reviewed.

New staff were inducted in accordance with the principles of the Care Certificate. However, because of the complexity of people's health and social care needs, the service chose to recruit staff with experience. We saw evidence of this in staff records.

Staff told us that they were well trained and supported by the provider and received regular supervision. We saw evidence of this in paper and electronic records. Training records indicated that all staff training was up to date or had been booked.

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 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. Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act.

Each of the people that we spoke with was extremely positive about the attitude and approach of care staff and the quality of relationships.

We did not have the opportunity to observe the delivery of care because people declined the offer to visit them in their own homes. However, the quality of care records and the feedback from people and their staff gave a clear indication that people were consistently treated with kindness, compassion and respect.

It was clear from discussions with staff that they knew people very well and enjoyed working with them. The care records that we saw contained information which was extremely detailed and respectfully worded.

It was clear from the rotas that we saw and feedback from people using the service and their staff that sufficient time was built into visits to ensure that people's needs were fully met. We saw examples where the service had deployed staff flexibly to meet people's needs.

People using the service and their relatives spoke positively about their involvement in care assessment, planning and review, and how the process had influenced their care. We saw from care records that people's care needs and wishes were considered as part of the assessment and planning process. It was clear that the promotion of people's independence was a priority.

Care records were sufficiently detailed to allow staff to understand their needs, but they also contained a high-level of personal detail which helped staff get to know people. It was clear from care records and through speaking with people that they were supported in an individualised way to pursue hobbies and interests.

People told us how effective Prestige Nursing Liverpool was in communicating with them. We saw evidence of written communications, but were also told how some people preferred information to be given in face to face meetings to aid their understanding and retention.

The service was part of a larger provider organisation that had a clear and consistent vision for the development of its services. We saw that the service promoted its vision and values through its web site and written materials.

Staff were encouraged to give feedback on their experiences and make suggestions for development. This was done during supervisions and though the distribution of an annual survey.

The registered manager and supervisors were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. It was also clear that they understood their responsibilities in relation to the Commission and the local authority.

The organisation had a robust approach to the monitoring of quality at a local and national level. Systems included; spot checks, care file audits, telephone calls to people using the service, [staff] member surveys and general audits.

The service worked effectively with other partners to ensure positive outcomes for people. We saw evidence of partnership working with healthcare professionals, local authorities and appointed case managers. Communication between partners was well detailed and demonstrated maturity and trust in professional relationships.

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.

People were protected from the risk of abuse and neglect because staff understood their responsibilities and the service monitored care effectively.

Risk was appropriately assessed and reviewed with a view of promoting people's independence.

Medicines were safely administered in accordance with best-practice guidelines.

Is the service effective?

Good

The service was effective.

People's needs were holistically assessed in accordance with best-practice guidelines.

Staff were trained to a high standard and supported through regular supervision by a senior colleague.

Staff understood the Mental Capacity Act 2005 and the service was operated in accordance with the principles of the act.

Is the service caring?

Good

The service was caring.

People told us how they were treated with kindness and respect by both care and office-based staff.

The service maintained regular contact with people and actively encouraged them to express their views and comment on the care provided.

Is the service responsive?

Good

The service was responsive.

The care records demonstrated a person-centred approach

which was subject to regular review as people's needs changed.

We saw clear evidence of care evolving as people's needs changed.

The service had not received any recent complaints, but the process was clearly defined and understood by people accessing care.

Is the service well-led?

Good

The service was well-led

The registered manager outlined a clear vision and strong values which focussed on the delivery of high-quality care.

The service had an extensive governance framework which ensured that safety and quality were monitored on a regular basis.

The service worked effectively with partner agencies for the benefit of people receiving care.

Prestige Nursing Liverpool

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 checked 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 was the first inspection since the provider changed address. Reports relating to previous inspections can be found by following the link on the CQC website.

The inspection took place on 6 November 2017 and was announced. We gave the service three days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector and we needed to ensure that people were consulted prior to the inspection. Each of the four people receiving a regulated activity or their representative chose not to receive a home visit and were contacted by telephone.

The inspection was conducted by an adult social care inspector.

The registered provider had completed and returned a Provider Information Return (PIR) in June 2017. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service, their relatives, staff and managers. We also spent time looking at records, including four care records, four staff files, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with three people using the service and one relative. We also spoke with the registered manager and three other staff.

Good

Is the service safe?

Our findings

We asked people about the safety of the service and received very positive feedback. Comments included; "No concerns whatsoever", "It's very safe. I get continuity of staff. I like that", "Safe, yes. Prestige carers never leave your side. I'm never out of their sight. They know my risks. My risks are well and truly identified" and "They're always on time. It's the continuity for me."

The service had a robust approach to safeguarding people from abuse and discrimination. Staff were trained in safeguarding practice and were able to refer to an extensive policy which clearly defined how to respond when concerns were identified. Local safeguarding procedures were understood and adhered to by staff. The staff that we spoke with understood the risk of abuse and discrimination based on religion, culture and other protected characteristics. One of the care records that we saw stated, 'Support staff are to be mindful of their [the family's] culture and respect the family's traditions and needs.'

We spoke with the registered manager and senior staff about the processes for protecting people from abuse and neglect. They explained that one of the team checked to make sure that staff had arrived to deliver care. They also said that they visited people receiving care at least once each month to check on their safety and satisfaction. We saw evidence that these visits had taken place in care records and people using the service told us that they had regular contact with senior staff.

Senior staff were trained in the completion of risk assessments and we saw from care records that they were regularly reviewed and updated when needs changed. This was done in conjunction with health and social care specialist where appropriate. For example, one person's record had been updated after they received a new piece of moving and handling equipment. We saw that positive risk taking was promoted by the service. Senior staff outlined a situation where a young person's desire to travel independently presented a significant risk. To reduce the risk, staff were deployed to follow at a discrete distance and only intervene to keep the person safe.

The service ensured that risks presented by the physical environment and equipment were assessed and reviewed. We saw evidence of this in care records. Equipment was subject to regular testing in accordance with best-practice. For example, records of moving and handling equipment servicing and portable appliance testing (PAT) were kept on file.

None of the people receiving regulated activity presented behaviours that required the use of physical intervention. However, we saw that the service had trained staff in appropriate techniques when they had been required previously.
Incidents and accidents were recorded in sufficient detail and subject to analysis by the registered manager. There were four incidents recorded in 2017. In one incident a person had begun to exhibit a behaviour which was inappropriate and placed themselves and staff at risk. We saw that the registered manager had reviewed the behaviour and clear direction had been given to staff to reduce the risk going-forward. The service maintained a record of safeguarding referrals and notifications to the Commission. Records of incidents were also shared with senior managers via an electronic portal.

Staff were recruited safely and in sufficient numbers to allow for consistency of care. Staff were appointed following the completion of essential checks and in accordance with best-practice. Each staff record that we saw contained evidence of interview notes, photographic identification and a Disclosure and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people.

Medicines were stored and administered in people's own homes in accordance with best-practice. We saw from care records that people's needs and wishes regarding medicines were clearly documented and regularly reviewed in conjunction with the person, their representative and healthcare professionals where appropriate. We checked Medicines Administration Record (MAR) sheets and saw that they were completed correctly. MAR sheets were returned to the office on a regular basis and audited by senior staff to ensure accuracy and completeness.

Good

Is the service effective?

Our findings

People told us that the service and staff ensured that their care needs were met and that staff were suitably skilled. Comments included; "Every bit of my needs are met all the way", "I can talk to them [the service] and if I need something different I just ask", "Everything is brilliantly covered" and "[Care worker] is not only helping [family member] they're helping the family as well."

People told us, and we saw in care records that their needs in relation to a range of health and social requirements were assessed and regularly reviewed. It was clear that assessments were undertaken in a holistic manner to ensure that all the needs of the person and their families were considered. For example, in relation to religious and cultural needs.The service was increasingly caring for people with acquired brain injury. It was clear from care and training records that the service had provided appropriate, individualised training and guidance to staff. This had been developed with input from the person, family members and healthcare professionals. We spoke with the registered manager and other senior staff about this who told us that the majority of the training had been facilitated by an internal specialist nurse. We were told that nursing staff employed by the provider were regularly used for consultation and advice in relation to a range of healthcare topics.

New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires inexperienced staff to complete a programme of learning before being assessed as competent. However, because of the complexity of people's health and social care needs, the service chose to recruit staff with experience. We saw evidence of this in staff records.

Staff were able to access other training which was relevant to the needs of people using the service including; PEG, moving and handling and the administration of medicines. Staff were supported by the service to keep their qualifications and knowledge up to date. Training needs were discussed as part of the supervision and appraisal process. Staff told us that they were well trained and supported by the provider and received regular supervision. We saw evidence of this in paper and electronic records. Training records indicated that all staff training was up to date or had been booked. Some staff had been supported to secure qualifications at level two and above in health and social care.

People's health was reviewed on a regular basis as part of a general review of care needs. We saw evidence in care records that staff supported people with healthcare appointments and treatment plans. For example, staff were provided with very clear guidance regarding the nutritional needs of one person and achieving a balanced diet. In another example, a person using the service told us how staff supported them to access a pool where they met a physiotherapist. Other care records referenced; falls, behavioural support and the impact of injuries on a person who required hospital treatment.

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 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. Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act. None of the people currently being provided with services was assessed as lacking capacity to consent to care. People's consent was recorded in care records with signatures where appropriate.

People were supported to eat and drink in accordance with individual care plans. One person received nutrition and medicines via a percutaneous endoscopic gastrostomy (PEG) tube. We saw from records that staff had been trained in the safe use of the PEG tube. Care records contained clear instructions for staff regarding nutrition and medicines for this person.

Good

Is the service caring?

Our findings

We asked people about the quality of care and their relationships with care staff. Each of the people that we spoke with was extremely positive about the attitude and approach of care staff and the quality of relationships. Comments included; "[Staff member] has gained the trust of [family member]. and "Staff are always kind. I've got two excellent carers. [Staff member] is absolutely brilliant. They treat me with respect. I can't fault them at all."

We did not have the opportunity to observe the delivery of care because people declined the offer to visit them in their own homes. However, the quality of care records and the feedback from people and their staff gave a clear indication that people were consistently treated with kindness, compassion and respect. People told us that they were asked to provide feedback on staff by senior managers as part of their regular contact. We heard of an isolated example where a person expressed reservations about a member of staff and asked that they no longer provided care. The person told us that the service responded positively and immediately to ensure that their wishes were met.

People were also asked for their views through a 'Member Assessment Form'. These forms were sent to people using the service and family members and invited them to comment on the performance of individual staff members. Where people expressed a preference, a senior manager would arrange a face to face meeting. None of the feedback had highlighted any significant concern regarding staff other than the situation mentioned previously.

It was clear from discussions with staff that they knew people very well and enjoyed working with them. The care records that we saw contained information which was extremely detailed and respectfully worded. A member of staff said, "There's good information in the files and I was given a lot of information from the office. They even told me about [person using service] personality. I've been coming to the same [person] for 18 months now."

We discussed people's different communication needs and how they were accommodated by the service. The registered manager told us how information was produced and shared in a variety of formats including letters, texts and face to face meetings. In one example they explained how a person using the service requested face to face meetings with them because it made them feel safer. We saw that people's communication needs were clearly identified in care records.

People receiving the regulated activity were actively engaged with and supported by an independent care management agency because of their personal circumstances. We saw clear evidence that the service supported people to make effective use of care managers and the support that they offered. Advocacy was often provided by the care manager or an appointed solicitor. The service worked effectively and in partnership with people, families and care managers to ensure that people's needs were met in a timely manner.

It was clear from the rotas that we saw and feedback from people using the service and their staff that

sufficient time was built into visits to ensure that people's needs were fully met. We saw examples where the service had deployed staff flexibly to meet people's needs. For example, to attend healthcare appointments. We also saw that the service expressed concern where they felt that people's needs could not be met safely or appropriately within the hours available.

Good

Is the service responsive?

Our findings

People using the service and their relatives spoke positively about their involvement in care assessment, planning and review, and how the process had influenced their care. Comments included; "I talk about my care needs all the time. I speak to [registered manager] all the time", "They phone me occasionally to see how things are going. I'd definitely recommend them" and "I need to do things in the community. They introduced me to a craft class. One of the girls takes me to a card-making class. We go to slimming world. I couldn't access these things without the girls."

We saw from care records that people's care needs and wishes were considered as part of the assessment and planning process. It was clear that the promotion of people's independence was a priority. For example, a relative told us about their family member engaging with friends, accessing the community and improving their skills. They said, "[Staff] took [family member] to Wales and went walking. [Family member] was cooking the other day." In another example the care plan stated that it had been agreed that the person would make their own hot drink because it promoted their independence.

Care records were sufficiently detailed to allow staff to understand their needs, but they also contained a high-level of personal detail which helped staff get to know people. For example, one record had details of the person's work history, family members and their preference for large amounts of tea. It also stated that the person 'Doesn't like to make a shopping list because [person] sees it as rehab.' It then provided an explanation of why this was important and instructions for staff to ensure that food stocks were safely maintained.

It was clear from care records and through speaking with people that they were supported in an individualised way to pursue hobbies and interests. For example, one person was being supported to develop a new group of friends through social activity while another was being supported to access activities with health and social benefits in community settings.

Each of the care records that we saw emphasised the importance of family relationships to the person. In one record, the person's preferred name for their mother was recorded along with information on where they lived in relation to the person and how often contact should be made. One person told us how the provision of care had helped re-establish their relationship with a relative following an injury.

People told us how effective Prestige Nursing Liverpool was in communicating with them and it was clear that the provider was working in accordance with the Accessible Information Standards. We saw evidence of written communications, but were also told how some people preferred information to be given in face to face meetings to aid their understanding and retention. In discussions with the registered manager and other senior staff it was clear that the registered provider adjusted their means of communication to suit the person and their circumstances. One person told us, "It's hard for me to read. They send me large print versions or the girls [staff] help me."

None of the people that we spoke with had made a complaint, but each person was clear and confident

about the process should they need to. Records indicated that the registered provider had not received any complaints in 2017. It was clear from documentation and discussions with staff that the process for responding was robust and understood.

None of the people using the service was receiving end of life care. We discussed the provision of end of life care with senior staff who explained that arrangements would be considered in conjunction with the person and their representatives. They also explained that they could access specialist clinical advice and support from their own nurses. We were provided with an example where this had happened in the past.

Good

Is the service well-led?

Our findings

The service was part of a larger provider organisation that had a clear and consistent vision for the development of its services. We saw that the service promoted its vision and values through its web site and written materials. Each of the staff that we spoke with understood these values and was able to express them. Staff enjoyed working for the service and felt supported. One member of staff said, "The management are so approachable. You're always made to feel welcome." Comments from people using the service included, "I've done a questionnaire and spoken with the girls in the office. It's all positive" and "[Registered manager] is really, really approachable."

Discussions with the registered manager and other senior staff were open and transparent. The service had recently developed a specialism in caring for people with acquire brain injury. This had been completed in a structured, systematic manner and in accordance with realistic timescales. It was clear from speaking with people using the service that their experience was very positive. Senior staff spoke positively about the potential of developing the service in a challenging health and social care market.

Staff were encouraged to give feedback on their experiences and make suggestions for development. This was done during supervisions and though the distribution of an annual survey. The results of the latest survey were not available at the time of the inspection. Staff received information during supervisions, via text messages and a recently established Facebook page. Their contribution was formally acknowledged through the [staff] member awards programme.

The registered manager and supervisors were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. It was also clear that they understood their responsibilities in relation to the Commission and the local authority. The registered manager commented, "The management structure is clear. We all understand our roles and responsibilities. If in doubt, we ask."

The ratings from the previous inspection were prominently displayed and the service had submitted notifications to the Commission as required.

The registered manager and senior colleagues were available to members of the staff team throughout the inspection and offered guidance and support appropriately. The registered manager had sufficient resources available to them to monitor quality and drive improvement. These resources included specialist support with recruitment and nursing matters and a range of electronic systems which captured and shared important information.

The organisation had a robust approach to the monitoring of quality at a local and national level. Systems included; spot checks, care file audits, telephone calls to people using the service, [staff] member surveys and general audits. The organisation maintained a comprehensive set of electronic records which were used to assess compliance with internal standards and quality. The registered manager and senior staff were able to access these records as part of their quality monitoring processes. Printed versions of audits and other

records were made available during the inspection.

The service worked effectively with other partners to ensure positive outcomes for people. We saw evidence of partnership working with healthcare professionals, local authorities and appointed case managers. Communication between partners was well detailed and demonstrated maturity and trust in professional relationships. For example, we saw a number of examples of emails between the Prestige Nursing Liverpool and case managers which evidenced joint-working for the benefit of people using the service.