Prestige Nursing Limited

# Prestige Nursing Limited Dartford

## Inspection report

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08 October 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The announced inspection took place on 28 September, 01 October and 08 October 2018.

This service is a domiciliary care agency. It provides personal care to adults who require care and support who live with their family or in their own houses and flats in the community. The service was also available to provide personal care for children, however there were no children being provided with personal care when we inspected. Not everyone using Prestige Nursing Limited Dartford service 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. At the time of inspection, 58 adults were receiving personal care in their own homes.

This was the first comprehensive inspection following a change of the providers legal entity and new location registration on 10 October 2017. Since the change there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The provider employed a registered manager at the service. 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.

An assessment of risks took place for each person and risk control measures were put into place to help keep people safe and prevent harm. Environmental risks inside and outside people's homes were documented to minimise the risk from potential hazards.

Accidents and incidents were recorded by staff, logged on a computerised monitoring system, investigated. When required incidents were followed up by the registered manager to ensure appropriate action had been taken and to identify themes to learn lessons and prevent future occurrences.

Medicines administration was monitored and overseen by a qualified nurse. Staff received training and followed an up to date policy so that people received their medicines in a safe way. Care plans, medicines administration records (MAR) and daily records showed current information about people's medicines.

A safeguarding procedure with the information staff would need to follow if they had concerns about people was available. People told us they felt safe and knew who they would talk to if they did not.

The provider and registered manager followed safe recruitment practices to recruit suitable staff. Enough staff were available to be able to run an effective service and be responsive to people's needs. Staff had a suitable induction period when they were new where they were introduced to people before they started to support them. The people we spoke with told us they had regular staff to support them who were on time when visiting and supported them for the time they were allocated.

Staff training was planned and monitored. A range of statutory and specialised training was available to staff based on people's needs. Suitable training to make sure staff maintained their skills and knowledge were up to date. Nursing staff received support to maintain their nursing accreditation.

Staff had one to one supervision meetings, staff had been regularly observed while carrying out their duties to ensure they continued to provide safe care and follow good practice. Management monitored staff whilst carrying out care to people in their homes, through staff meetings and by keeping staff updated with organisational information and new health and social care guidance.

People had an initial assessment before they received a service and the assessment was used to produce a care plan personalised to them. Documentation in the care plans was fully completed. A person-centred approach had been taken in the care planning process to promote the importance of staff accessing individual information about people, which was documented.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported with their nutrition and hydration needs where necessary. People's relatives took responsibility for this for most people. However, where people did require this support from staff, people and their relatives told us they were happy with the support.

End of life care was provided as part of a joint working approach with other organisations delivering end of life care to people in the community.

Many people did not require the assistance of staff to manage their health care needs as they either took care of this themselves or had a relative or friend to help. Where assistance was required, staff knew who to contact to get people the help they needed.

The registered provider had a set of values the staff understood and included protecting people's human rights.

The caring approach of staff was evidenced by people and their relatives making positive comments about the staff who supported them. People told us they had regular staff providing their care and support who had got to know them well, creating confidence and trust. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

The provider had an up to date complaints procedure and people and their relatives told us they would know how to make a complaint if they needed to.

The registered provider and registered manager used a range of auditing systems to monitor the quality and safety of the service, these were used effectively to identify where improvements were needed and to take action. Quality auditing processes included asking people who used the service for their views. This happened either informally by the management contacting people by telephone or by face to face, and more formally with bi annual surveys taking place. The feedback we viewed indicated that people thought the service was well run and were positive about their experiences.

The registered manager and provider effectively used their quality audit system to plan improvement to the service. The management benefited from learning and meeting with other managers within the organisation.

## 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.

The systems in place to manage and minimise risk kept people safe. Infection control practices minimised the risk of cross infection.

The registered manager and staff understood their responsibilities in preventing abuse.

Medicines were administered by competent staff.

Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

### Is the service effective?

Good

The service was effective.

In depth needs assessments were completed with people or their relatives so that staff knew their needs well.

Staff worked with nurses and families to meet people's assessed needs.

Staff encouraged people to eat and drink to assist them to stay healthy and reported concerns they may have about people's health.

Staff met with their managers to discuss their development and work performance. The training for staff gave them the skills they required to carry out their role.

The principals of the Mental Capacity Act 2005 were understood and staff received training about this.

### Is the service caring?

Good

The service was caring.

People told us that staff were kind, caring and respectful.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

People or their relatives were involved in making decisions about their care. Staff took account of people's individual needs and preferences.

## Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on a care plan about them.

Staff communicated with and provided care to people as individuals, which included planned end of life care.

Information about people was updated and with their involvement so that staff only provided care that was up to date.

People were encouraged to raise any issues they were unhappy about.

## Is the service well-led?

Good

The service was well led.

The aims and values of the organisation were shared by staff.

People were asked about the quality of the service they experienced.

The registered manager operated systems and policies that were focused on managing risks and the quality of service delivery.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered.

The service worked with other organisations to manage people's care.

# Prestige Nursing Limited Dartford

**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 was an announced inspection at the provider's office in Dartford, taking place on 28 September and 08 October 2018. The inspection was carried out by one inspector and two experts by experience. The two experts by experience made telephone calls to people who used the service on 01 October 2018. We gave the service 48 hours' notice of the inspection visit because we needed the registered manager to be available to interview at the office. We also needed to gather some pre-inspection information to confirm which people had consented to us contacting them.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Two people and 11 relatives gave us their feedback about the service. We spoke with six staff including the registered manager, deputy manager and four members of staff who gave us their views about the service. We contacted three external health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at a ten people's care files, ten staff files, the staff training programme and medicine records.

This was the first comprehensive inspection following a change of the providers legal entity and new location registration on 10 October 2017.

Good

# Is the service safe?

## Our findings

People told us that the service they received was safe. One person said, "I do feel safe, they [staff] seem to know what they are doing around me." Another person told us how they were made to feel safe by staff because, "They [staff] reassure me."

A relative said, "The staff aren't rushed, they take the time they need to make sure my relative gets the care she needs."

People were protected from the risks of potential abuse. The provider had a safeguarding policy that informed staff about their responsibilities to safeguard people and what constituted abuse. Staff received training in safeguarding, knew what signs to look out for and now felt confident the management team would listen to and act on any concerns they raised. Staff told us they understood how abuse could occur and how they should report abuse. They clarified this by telling us about scenarios of abuse they may encounter and how they would respond. For example, if staff noticed bruising or changes in people's behaviours. Staff we spoke with were confident they could challenge any poor practice within the service and report it appropriately. Staff had read and understood the provider's whistleblowing policy. Staff were aware they could use this to raise issues outside of the organisation if they needed to.

There were no safeguarding concerns about this service at the time of the inspection. Safeguarding was an agenda item for themed staff team meetings and supervisions. Should there be any safeguarding issues raised the deputy manager understood these should be reported and investigated.
The registered manager knew how to protect people by reporting concerns to the local authority and protecting people from harm.

The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them. The provider had a policy that was current with legislation and good practice for the recruitment of social care staff. Staff had been through an interview, selection and system of checks before they were offered a position. Applicants for jobs had completed application forms and had been interviewed for roles within the service. New staff were not offered positions unless they had proof of identity and written references.

There were processes in place for checking gaps in an applicant's employment history. We observed this in practice at the office for an applicant who had been asked to provide further evidence before they could start employment. All new staff had been checked against the disclosure and barring service (DBS) records. Professional registrations were checked when nursing staff were recruited. The registered manager told us how they followed the recruitment policy and the staff records confirmed the policy was followed. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The registered manager provided staff based on individual needs with the right skills and experience to keep people safe. A computerised rota system was used to allocate the correct staff to calls. This system also

provided back up alerts to the office if the allocated staff did not log in to confirm they had arrived to carry out the care call at the persons home. If people required nursing care this was provided a nurse, or care staff with specified training overseen by a nurse. For example, if people had hydration or medicines via a percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Policies about dealing with incidents and accidents were in place to minimise harm. The providers policies' set out that incidents and accidents should recorded, investigated and responded to. There were no records of any significant incidents or accidents in the last year. The registered manager explained their full understanding of the policy to follow if these did occur, which included logging incidents onto a computer system, so that these could be monitored by the provider. Staff received training about how to report accidents and incidents to the registered manager.

Not all of the people receiving care from Prestige Nursing required staff them to administer medicines. The way in which people would receive their medicines was recorded in people's care plans. For example, the care plan stated if the person themselves or a family member was responsible for administering medicines. Where it was stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. People told us that their medicines were managed safely by staff. In all cases, medicines were ordered and stored by people themselves or their relatives.

Medicines were administered by staff who had specialist training in this area. Staff followed the provider's medicines policy. The registered manager and lead nurse checked that staff followed the medicines policy and that staff remained competent in their knowledge and practice when they administered medicine's. The policy followed current guidance about managing medicines for adults receiving social care in the community. Medicine audits were carried out. Staff administering medicines were provided with training so that they understood the broader principals of medicine's safety and record keeping. Staff we spoke with understood their responsibility to record the administration of medicines. The system of medicines administration records (MAR) allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. The MAR sheets were returned to the office and were being audited for correct completion by the registered manager. There were no unexplained gaps on the MAR records in the office.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards in people's homes were assessed. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters. People were protected from potential cross infection. Staff received infection control training. Staff had access to personal protective equipment when appropriate, such as disposable gloves and aprons.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. Secure computerised records were backed up and stored on systems that could be accessed away from the office. For example, if the management could not get to the office during severe weather conditions, critical information could still be accessed in relation to people's care and staff deployment. There was a system of management 'on call' which operated 24/7 for people to contact in an emergency. This protected people's safety and continuity of care.

Good

# Is the service effective?

## Our findings

Staff understood people's needs, they followed people's care plans and were trained for their roles. A person said, "Mostly I feel comfortable with the staff and they seem well trained." Another person said, "They seem to be well trained, I've never had any problems. They [staff] seem to know the basics, what's necessary, and then ask me if there is something particular they need to know."

A relatives said, "Her carers are amazing, they are experienced carers and they really know her well, they understand her needs."

People's care was delivered in line with their needs and choices. People were asked about their ethnicity, sexuality, religion and lifestyle preferences as part of the assessment process. Staff understood the care they should be providing to individual people as they followed detailed care plans. A member of staff described to us in detail how they met the recorded needs of a person. This demonstrated that staff understood the care plans. Care plans were left with people at home for staff to follow. The care people received was recorded by staff. We could see that their notes reflected the care required in people's assessment of need.

Staff felt they had the support they needed. One member of staff said, "Managers from the office quite often come and check my work, nurses ask us if there is anything needed." The registered manager and staff worked closely with other services providing care to the same people.

The registered manager told us they coordinated people's care with other services directly and through an organisation linked to the local authority that assisted people to manage their care. For example, the NHS continuing health care teams.

People's health and wellbeing was protected by staff who reported concerns they may have about people's health. People did not need the assistance of staff to support them with their healthcare, such as making and attending appointments as they managed this themselves.

There were relatives at home with people that took care of their hydration and nutritional needs. Staff told us that they mostly supported people by making sandwiches and drinks. Food hygiene training was provided to staff.

The Mental Capacity Act 2005 (MCA 2005) 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 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 had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Staff gained consent from people to provide the care at each care visit. This process was documented.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

Formal induction and on-going training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. The staff told us they had received training to carry out their roles. One member of staff said, "We all get training before we can go into work with a client."

New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff confirmed to us that they had started with an induction. Staff then started to work through the training to Care Certificate standards which was recorded in their staff files. The Care Certificate includes assessments of course work and observations to check staff met the necessary standards to work safely unsupervised.

Staff had undertaken training in all areas considered essential for meeting the needs of people in a care environment effectively. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. The training undertaken by staff was a mix of face to face training and computerised courses. Staff received additional specialised training from nurses, for example in the management of medical conditions like diabetes. Staff benefited from this type of training as they could ask questions to clarify their learning. Training records confirmed that staff had attended training courses or were booked onto training after these had been identified as part of staff training and development.

Good

# Is the service caring?

## Our findings

People described the care that they received very positively. One person said, "On the whole, the ladies [staff] are very lovely, I have regular staff who are very lovely, but even if there's stand ins, I've got used to them, they are nice." Another person told us about why they thought staff were caring, they said, "Staff, by the way they speak to me, they always ask how I am."

Relatives told us they felt staff were caring. One relative said, "I find the staff to be especially caring, it isn't just a job, they go up and above what you'd expect." Another relative said, "They [staff] are very caring, my loved one has no speech but the staff are able to communicate with her, they are very hands on."

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff we spoke with told us how they delivered care respectfully.

Staff were tested on their attitude to care when they applied to work at the service. All of the staff we spoke with displayed a caring attitude. We found that people were supported by caring staff that were sensitive in manner and approach to their needs. Staff described how they delivered friendly compassionate care. We spoke with the registered manager at length. Their approach to care was compassionate and caring. The registered manager spoke about assisting people to be as independent as possible.

People and their relatives had full control over the care they received and how it would be delivered. Records showed that people had been asked their views about their care. People had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. The registered manager asked people about their care when they worked alongside other staff.

People's personal details were secure and their right to privacy was respected. A relative said, "They are caring, they are friendly and they respect his privacy too. For example, if friends and family are here when they visit, and he needs cleaning, they will ask permission to take him to his room. They are always talking to him in a friendly way." Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Good

# Is the service responsive?

## Our findings

People were involved in planning their care. They told us that an assessment of their needs was carried out with their consent. One person said, "They [staff] asked a lot of questions and gave me information." Another person said, "There's a lady manager comes sometimes, she wants to observe the staff, they are doing some monitoring."

A relative said, "Staff come every six months and ask us if anything has changed and do risk assessments." Another relative said, "I have met with managers a couple of times, they are very open and easy to talk to. We went through what was expected and it was very clear."

The provider told us, "Since the service takeover from a franchise to Prestige owned, we have introduced electronic call monitoring which is a huge benefit for our clients. We are able to inform our clients if their care staff are going to be late in certain situations. This also allows us to monitor any issues if lateness is re occurring so we can resolve any issues. We only deal with care packages that are above four hours so that we can plan staffing to meet people's needs."

Care plans had been reviewed and amended regularly including when people's needs had changed. All of the staff we spoke with confirmed there were detailed care plans to follow. For example, one member of staff said, "In my long experience as a care worker, Prestige are one of the best at monitoring and updating care plans." Staff protected people's health and welfare by alerting the persons main carer if they had any concerns.

People's care plans provided information about what staff needed to do and what the person could do for themselves in relation to their personal care. This included making sure that people received oral care to maintain healthy teeth and gums. This meant that if new or unfamiliar staff provided care and support, they would have all the information required to meet the people's needs.

Prestige Nursing Limited Dartford provided care and support to people to enable them to maintain their independence and live in their own homes. They also provided care and support to people who were at the end of their lives. The care provided included mouth care, keeping comfortable, personal care, company and support for the family. People were supported by a range of healthcare professionals including the local hospice. One person had an end of life care rapid response risk assessment in place for use by an external specialist palliative care nursing team. The registered manager advised us that all the people that received care and support from Prestige Nursing Limited Dartford had relatives involved in their day to day lives and these relatives would be involved in the person's end of life to ensure their wishes were respected.

At this inspection effective complaints systems were in place. How to make a complaint was clearly set out in a complaints policy that provided the information people would need if they wished to make a complaint. This included the step by step process to follow within the policy and where people could go externally if they were not satisfied with how their complaint was handled. There was regular contact between people using the service and the management team. People and their relatives knew how to complain. One relative

said, "I am happy 99.9% of the time, but I have made a complaint when a carer didn't turn up but it really hasn't happened much at all. I have fed back how happy we are with the service." Another relative told us about improvements after they had raised concerns about different staff coming. They said, "Overall we are very pleased, this is because there is [now] consistency in care, we requested specific carers and that's what has happened, it's much easier that way."

There were no complaints about this service on CQC records and the registered manager had not received any significant formal complaints since registration in October 2017.

The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were taken into account. For example, a care plan for a person with a learning disability was in pictorial format which made it easier for them to understand the information. Many people had complex care needs and lived with relatives. However, care plans described people's individual care needs and choices. The care plans enabled people or their relatives to check they were receiving the agreed care. A member of staff told us how they communicated with a person using a communication chart and sign language.

Good

# Is the service well-led?

## Our findings

People were very positive about the organisation. People felt Prestige Nursing Limited Dartford was well organised, and the staff were caring, trained and knowledgeable. One person said, "I have spoken to the manager, she's friendly, and it was easy to organise extra care when I needed to. Normally I speak to one of the girls, [staff] they know what to do." Another person said, "They are good now, I've been using Prestige for a while now and in the last year they've really got better, introduced some standards. Yes, on the whole, much improved."

A relative said, "I do feel it is well led, we've been very pleased, it means you can feel relaxed and not worry. I would definitely recommend them." Another relative said, "Prestige provide a service where I don't have to worry, I know their standard is good and I can rely on them. I will continue to use them, I feel both confident and fortunate."

The provider employed a registered manager at the service. 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 registered manager had come into post in July 2018. They had experience of managing similar services and understood their responsibilities.

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. People told us they get sent newsletters and copies of the staffing rota for their care. The registered manager set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service.

Regular audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed. Quality audits were effective. Actions required following audits were dealt with quickly. We noted from a recent audit that the registered manager had picked up that a person's new risk assessment had not been signed after a review in September 2018. On checking we found the risk assessment was now signed.

The provider employed staff in a quality team. These staff carried out audits of the service on the providers behalf and set an action plan and time scales for any issues found to be rectified. For example, a member of staff had not completed their medicines training update. We saw that this had taken place within two weeks of it being picked up by the quality team audit. This service had an audit score from July 2018 was 87% which the provider rated as good.

The registered manager also audited their service and produced an improvement plan. This improvement plan included areas such as the effectiveness of care, paperwork and staff performance, training and competency. This meant that the registered manager consistently monitored the service against the providers quality standards to improve people's experiences of care.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. Staff team meetings took place so that staff could keep themselves updated with the service. Staff told us that the values and culture of Prestige Nursing Limited Dartford were shared by staff and at the heart of the care they provided. One member of staff said, "The management like to drill the Prestige standards, values and culture into our heads right from the start of our employment."

People told us they were regularly asked to give feedback about the service. One person said, "They ask our views, it's happening six monthly, very happy with care provided. An external quality survey took place annually. People said, "Care staff work really well with X my relative."

There were a range of policies and procedures governing how the service needed to be run. The registered manager used their polices and procedures effectively for the management of care, health and safety, information technology and employment law issues. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. For example 'Blowing the whistle.'

The registered manager continued to work closely with social workers, referral officers, and other health professionals. The registered manager was aware of when notifications had to be sent to the Care Quality Commission (CQC). These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that happened at the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.