

Prestige Nursing Limited

# Prestige Nursing Swindon

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

At the comprehensive inspection at this service in October 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with three requirement notices stating that they must take action to address these breaches.

This focused inspection was carried out to assess whether the provider had taken the necessary actions to meet the three requirement notices we had issued. We will carry out a further unannounced comprehensive inspection to assess whether the actions taken in relation to the requirement notices have been sustained, and to provide an overall quality rating for the service.

This report covers our findings in relation to the requirement notices we issued and we have not changed the ratings since the inspection in October 2015. The overall rating for this service is 'Requires improvement'. You can read the report from our last comprehensive inspection by selecting 'all reports' links for Prestige Nursing Swindon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found the provider had taken some action to address the issues highlighted in the requirement notices but further improvements still needed to be made. The manager had developed an action plan to address the requirement notices in the inspection report where they were found to be in breach of regulations.

At our last inspection we found that medicines were not being managed safely or recorded appropriately. At this inspection we saw staff had received medicine update training. The manager had created a new medicine administration record to make the process clearer for staff and there were clear procedures in place for dealing with any medicine errors. We saw one person's medicine administration record (MAR) did have some missed signatures and did not record the date accurately.

Previously at our last inspection staffing levels had been inconsistent resulting in some missed visits for people. During this inspection people and staff told us they had seen improvements. The manager had significantly reduced the high sickness levels by ensuring staff were aware of the formal process to take when calling in sick and was holding the back to work interviews when staff returned.

Our last inspection showed that staff had not been receiving regular supervision to appropriately support their role. At this inspection we saw that supervisions were now consistent and a performance development plan was going to be put in place alongside observational supervisions for staff.

Health care assessments and monitoring charts were still not being appropriately completed or followed correctly to meet people's needs effectively. This was a breach of the Regulations.

At our last inspection care plans had not contained up to date information, required for staff to be able to care for people consistently. People had not been receiving regular reviews of their care needs. At this

inspection we saw that some progress had been made in relation to providing guidance for staff on specific health needs but more improvements were needed. We saw that people were now having their care needs reviewed and families were being involved in these reviews.

The service did not have a registered manager in place. The branch manager has been responsible for the day to day running of the service and had put in an application to register with us but this was rejected for incorrect completion. Not having a registered manager at this location is a breach of the providers conditions of registration and further action will be taken if this is not addressed.

At our last inspection the manager did not have effective systems in place to monitor the quality of the service. At this inspection we looked at the manager's online compliance system and saw audits of the service were being completed. The service had also received support from its internal quality compliance team.

We saw at this inspection the ratings from our last inspection were not clearly displayed at the service location. This is a breach of the Regulations and we have told the provider to take action in line with this regulation.

## 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.

We found action had been taken to improve safe medicine management. Staff had all received refresher medicine training.

Staffing levels were consistently maintained and sickness had reduced.

People told us they no longer experienced late or missed visits.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

We found action had been taken to ensure staff received support in their role through regular supervisions.

A new system had been put in place to notify staff when their training was due to expire so they could keep up to date.

Health monitoring charts had not been addressed or improvements made. This was a breach of the Regulations.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

We saw some action had been taken to improve care plan records, however some we looked at still lacked guidance for staff to follow in supporting people.

People were now receiving regular care reviews of their needs.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

We found action had been taken to improve communication between the office and people using the service. Staff told us they felt more supported and had seen positive changes.

**Requires Improvement** ●

Quality monitoring of the service had been improved and we looked at the online system of audits the manager had completed.

The service still did not have a registered manager in place. An application had recently been received by CQC and was rejected for incorrect completion.

The service had not displayed the ratings from the last inspection at this location. This was a breach of Regulation.

# Prestige Nursing Swindon

## **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.

We undertook a focused inspection of Prestige Nursing Swindon on the 7 April 2016. This inspection was completed to ensure improvements to meet legal requirements planned by the provider after our comprehensive inspection on the 13 October 2015 had been completed. We inspected the service against four of the five questions we ask about the services: is the service safe, effective, responsive and well led. This was because the service was not meeting legal requirements in relation to these questions and we had issued requirement notices following the comprehensive inspection.

The inspection was carried out by one inspector. Before our inspection we reviewed the information we held about the service. This included the provider's action plan, which set out the action they would take to meet the legal requirements.

During our inspection we spoke with three people who used the service, one relative, the manager, the regional manager, the quality compliance manager and six staff members. We reviewed a range of records which included quality monitoring documents, medicine administration records, four people's care plans and four staff files.

# Is the service safe?

## Our findings

At our comprehensive inspection of Prestige Nursing Swindon on the 13 October 2015 we found that medicines were not being managed safely. We had viewed the medicines administration records (MARs) for four people and saw there were significant gaps in the recording which placed people at risk of potential medicine errors. There was a lack of information recorded in one person's care plan for staff to follow in administering this person's medicines. We looked at the person's MAR chart and saw no recording of the medicine having been administered. The manager had been unaware of the gaps in recordings, which meant there was not effective systems in place to monitor the service and identify potential concerns.

As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with a plan of the actions they were going to take to address the concerns relating to safe medicine management. At this inspection we found the provider had made improvements in meeting the shortfalls in relation to the requirements of Regulation 12 as described above.

The MAR's were collected monthly by the supervisors and audited at the office. Any concerns were reported to the manager. The manager told us if a medicine error had occurred, a meeting would be held and if required, further training would be provided, or the person would be prevented from administering medicines until an investigation had been completed. The manager said staff had received training in administering medicines and any missed signatures on MAR's are raised with the individual staff members. The manager said they always check with the person's GP in such cases and inform relatives and CQC if it is a serious medicine error.

The service has constructed a new MAR format chart which is due to be put in place for prescribed creams. We looked at the template of this MAR and saw it detailed what cream should be applied, how often and what areas to apply the cream. The chart has been colour coded with an attached body map to guide staff in administering creams correctly. We saw that accompanying the MAR's for administering medicines from the monitored dosages system (MDS) (a box containing separate compartments for each dosage and time of the day) was a photocopy of the person's MDS box to ensure what was being given was correct and recorded correctly to minimise errors.

The manager had ensured that all staff were up to date on medicines training. One staff member told us "I have just done medicines training; we had a good trainer, very informative". This training had been given by a nurse trainer employed by the service. We saw that refresher training for medicines has been completed by staff that had not followed the correct protocols and if staff had not reached the pass mark additional classroom based training had to be undertaken.

At our comprehensive inspection of Prestige Nursing Swindon on the 13 October 2015 we found that staffing levels had not been consistent. Persistent staff sickness had been a concern which had resulted in late and sometimes missed visits for people.

Staff and relatives had told us there had not been sufficient numbers of staff in place and this had resulted in

missed visits. People told us they were often not informed of these situations. The management team had informed us that staffing had previously been a significant issue for this service.

During this focused inspection we spoke with people about the staffing levels and sickness to find out if improvements had been made and people confirmed there had been commenting "They do try to keep on time, they do ring me and inform me", "I have never had a missed visit" and "I have had a missed visit but not recently". The manager told us there has been a significant reduction in staff sickness saying "I hold all the back to work interviews". We saw evidence of these in the staff files we looked at during our inspection.

The manager continued to play a big part in taking the on call duty supported by the care co-ordinator and a field care supervisor. Staff told us they had seen reductions in staff members going off sick with comments including "We don't get the care workers going off sick as much", "Staff ring in at earliest opportunity if sick", "I would ring in if sick, I wouldn't text, staff sickness has improved with the new manager" and "If staff are running late people are rung if they have capacity, or families are rung if they lack capacity". The service had put a car in place for emergency use if staff's own car was not working, so care visits would not be disrupted.



## Is the service effective?

### Our findings

At our comprehensive inspection on the 13 October 2015 we found that staff were not receiving the appropriate support through regular supervisions. Staff did not have good lines of communication with the office and team meetings had been inconsistent.

As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with a plan of the actions they were going to take to address the concerns relating to staffing. At this inspection we found the provider had addressed the shortfalls in relation to the requirements of Regulation 18 as described above.

Supervisions were being conducted in line with the new care certificate which stated each employee should receive supervision four times a year. We looked at the online system and saw staff were receiving regular supervisions. The manager told us the spot checks on staff whilst attending visits to people had been stopped because supervisions are now done at people's homes called 'field supervisions'. We raised with the manager that the new supervisions look at observing the carer in practice but did not allow for the opportunity to discuss performance development, training or progress. The manager told us if staff need to discuss anything away from the client's home it was done in the office. We saw on the supervision record there was a corrective action report at the back which was completed if anything had been identified from the supervision to be actioned. No further actions had been raised by staff on the records that we viewed.

The regional manager agreed that the new 'field supervisions' only looks at observations and had raised this. The regional manager told us that personal development plans had been created to run alongside these supervisions and yearly appraisals for staff. We looked at a template for a personal development plan and saw it incorporated staff training, progress and key developments. The manager told me they are going to start rolling this out for staff.

Staff spoke about their supervisions saying "I have regular supervisions, I come in to the office to talk about things", "Regular supervisions are useful" and "I had supervision recently, it was useful, you can put your point across or get the training you want".

Staff were sent a compliance update which detailed when they have training that is due to expire or any documents that needed updating such as their driving insurance. The manager told us that doing it this way helped staff to feel supported. We viewed the training records online and saw each staff member had their own employee record set up. An update was sent to staff when training was due to expire within 35 days. This is flagged up by the computer which uses a colour coded system.

At our comprehensive inspection on the 13 October 2015 we found that the recording charts for monitoring people's health needs were not always completed appropriately or followed correctly. At this visit we checked to see if improvements had been made in people's healthcare assessments and found they had not.

One personal profile risk assessment recorded that a person had broken skin which needed monitoring daily and any concerns to be reported to the office. The care plan did not say if anything was being or should be applied to this person's skin. We read the daily record entries for this person and there was no information recorded to show staff were checking the person's skin daily. The care plan for this person did not have anything documented in relation to the person's broken skin or that it needed to be monitored.

We looked at a bowel chart for one person and saw the same inconsistencies had continued. Staff sometimes recorded 'nothing', other entries put 'no', 'small' or 'large'. We saw in one week nothing had been recorded from a Monday morning to the following Sunday. It was not known if this meant the person had not been to the toilet and perhaps needed to see a GP or if it was a case of staff forgetting to record an entry. We raised this with the manager who was surprised this was still happening, they agreed this needed addressing with staff to ensure consistency in the recording and monitoring of people's health care needs. On this inspection the service had not taken the necessary steps to improve healthcare monitoring records.

This was a breach of Regulation 17 (2) (c) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service responsive?

### Our findings

At our comprehensive inspection on the 13 October 2015 we found that care plans did not always contain the most current information, required for staff to be able to care for people consistently.

As a result of the concerns, we issued a requirement notice to the provider. The provider wrote to us with a plan of the actions they were going to take to address the concerns relating to care plan records. At this inspection we found the provider had made some improvements in line with the action plan but remained in breach of Regulation 9, as more work was needed to ensure the documentation supported the care provided.

We saw care plans contained a clear checklist of what should be in each care plan. Care plans had been signed by the individual to record that they agreed with the information recorded of the planned care to meet their needs. The manager showed us the one page profile summaries that were being completed for people on the computer system. These contained essential information about each person and the manager said a copy could then be transferred to the care plans.

For people requiring food to be administered through means of percutaneous endoscopic gastrostomy (PEG, a procedure that allows nutritional support for people who cannot take food orally) a new form was in place which highlighted how trained staff administer the PEG feed and guidance on how to clean it.

We saw that care plans contained information about what outcomes a person wants to achieve, what was working well, what was important to a person and when their review is due. Previously not everyone had a care plan in their home or received regular reviews of their care needs. During this inspection people told us "I have a care plan in my home" and "I have had my care plan updated". Staff members said "People all have care plans, there are still a few that need updating", "Care plans are in homes, most are up to date now" and "Everyone has one, they are pretty much updated".

The care plans we looked at still lacked some detail and guidance for staff to follow when supporting people. For example one care plan recorded that a person had a condition that would leave them with severe breathlessness. It recorded that this person was unable to walk more than a few steps but no other information was documented on what staff could do around this to support this person. Another person was described as occasionally displaying behaviour that challenged others, but with 'gentle persuasion will calm down'. There was no guidance on what 'gentle persuasion' meant for this person or specific methods for staff to follow in this situation.

One person used a mobility aid to help them transfer from a bed to chair. There was a moving and handling risk assessment which recorded no moving and handling risks had been identified for this person. There was no risk assessment in place to guide staff to help this person transfer safely.

We saw in a person's care plan they had a power of attorney in place but it was recorded on 23 February 2016 that this document had not yet been seen. It did not state which decisions the power of attorney was in

place for. It was documented that this person had full capacity. We spoke with the manager about evidencing these documents had been seen and were in place, to ensure decisions are made by people with the appropriate legal authority. The manager said they would address this and request that a copy is provided.

We saw that people were now receiving regular reviews of their care needs. The reviews were completed by the field care supervisors and kept on people's files. The manager told us if any needs were identified as having changed a new risk assessment was completed. In between reviews staff continued to monitor people's needs and report any concerns back to the office. If a person lacked capacity then the service involved the person's relatives in the review. If a person did have capacity they would be offered the opportunity to have their relatives present if they wished. We saw evidence in one person's care plan that their family had been involved in a review.

One person told us "They have asked if everything is ok by phone". Staff also commented saying "People are reviewed enough, the carers feedback and it gets updated again, they listen to us well", "People's needs have been reviewed but as needs change they need re-reviewing" and "Review of needs could be done a little more often".

## Is the service well-led?

### Our findings

During this inspection we saw that the ratings from our last inspection were not clearly displayed at the service. We raised this with the manager who told us the ratings were on the website and in a folder but not on display. The regional manager and manager said they had not known this was a requirement.

This was a breach of Regulation 20A (3) (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection on the 13 October 2015 the manager told us they were in the process of applying to CQC to register with us. Not having a registered manager at this location is a breach of the provider's conditions of registration. We have monitored the progress of this and at the time of this inspection the manager had not submitted a valid application for registration. We have told the provider this needs to be done without delay.

At our last inspection people using the service and their relatives expressed concern over a lack of communication from the service. We fed back these concerns to the manager after our comprehensive inspection and were told these would be addressed.

At this return visit we found communication between the office, people and their relatives was much improved. People commented "There has been recent improvements", "Prestige have the best bunch of staff", "The staff are all very efficient, all extremely nice". One relative told us "They are good, they ring". The manager informed us a weekly schedule had been started with a few people so they knew which staff were attending visits but it needed to be developed to include everyone. The people we spoke with had not yet received a weekly schedule but were in favour of the idea commenting "I have suggested it, it would be good", "No weekly schedule, I wish I did, I usually phone" and "No schedule but I do get regular ones so know that way". We received confirmation from the manager after this visit that everyone was now receiving a weekly schedule.

Staff received their work rota a week in advance sent to their phone and in the post. Memos were also sent to staff about updates and changes in the service and we saw evidence of these during our inspection. The manager told us "Staff are seeing and feeling the consistency, we are building stability". Staff comments included "Lots of things have improved, got a lot more support now, it's nice having someone in charge who is being a manager", "It's a lot better, a lot more organised, it used to be so disorganised", "Improved communication from the office, really good, they get back to me" and "Communication has improved, there are still times when it doesn't happen but on the whole it does".

The manager had created a staff room at the office so staff are encouraged to come into the office and spend time between visits or if they need a chat. There are hot and cold drink facilities available and a noticeboard to update staff on information relating to the service and their role.

We spoke with staff about attending meetings and were told these were not happening. Comments included

"Team meetings there haven't been any, last one was cancelled", "I didn't go to the last team meeting as I picked up extra work but usually get the minutes" and "I have heard there was a team meeting". We saw a team meeting had been scheduled for January 2016 to discuss medicine management and documentation but this did not go ahead. The manager told us staff did not attend as they said they had forgotten. We saw a newsletter had been sent out to staff and it stated a meeting had been set for January. In the following monthly newsletter the manager had raised the fact that no one had attended the meeting and these meetings were to take place quarterly.

The manager said when a new meeting date is set all staff will be spoken too and told they have to notify the manager if they cannot attend rather than simply not showing up. The regional manager suggested the timing of the meeting may need to be looked at to suit people who are working or have childcare to arrange. The manager agreed and said it could be held over two days and at different times. An office meeting had been held weekly to discuss the weekend and any on call issues that may have arisen. This is currently an informal meeting but the manager planned to start documenting these meetings.

At our comprehensive inspection on the 13 October 2015 we identified that the quality monitoring of the service needed improvement. The manager had given us their action plan which had recognised the areas for improvement.

At this inspection we looked to see if the necessary improvements had been made in the quality monitoring of the service and found that they had been addressed.

The manager used an online compliance system and recorded data relating to the quality of the service onto this system. The manager told us the company's compliance manager had been coming in regularly for a few months since our last inspection to offer support to the service, and we saw improvements had been made. The regional manager commented "We are trying to stabilise the branch, we can see improvements". We saw that quality telephone monitoring forms were in place, which sought feedback from people. These were actioned regularly. Client visit reports had been completed and these detailed any areas needing action and any concerns raised by people. We saw member assessments were completed six monthly by people so they had the opportunity to feedback about their regular care staff.

The manager told us the company's internal quality team come out and complete a full inspection once a year and sample checking of care plans was done on a monthly basis. The manager audits one care plan a week and records this online on the compliance system. We looked at the online system and saw this had been done. Accidents and incidents were reported to the quality team who log this information and then recorded in a person's file, and we saw this had been done in some of the care plans we checked.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans did not always contain the most current information, required for staff to be able to care for people consistently. Although some improvements had been made, more action was needed to ensure these were fit for purpose. The service remain in breach. Regulation 9 (3) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Health care monitoring forms were not completed appropriately or followed correctly. This meant people may have been delayed in accessing further treatment they may have required. This had been raised at the comprehensive inspection and at this inspection visit it had still not been addressed. Regulation 17 (2) (c).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The ratings awarded from the previous comprehensive inspection had not been clearly displayed at this location. The manager was unaware of the need to do this. Regulation 20A (3).</p>

