

Prestige Nursing Limited

Prestige Nursing Tyne and Wear

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 inspection took place on 20 and 29 November 2017 and was announced. The inspection was announced to ensure that the registered manager or appropriate person would be available to assist. This is the first time Prestige Nursing Tyne and Wear has been inspected.

Prestige Nursing Tyne and Wear is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of inspection the service was providing personal care for six people.

Not everyone using Prestige Nursing Tyne and Wear 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.

The manager was a registered manager at another service and had started the application for becoming the registered manager at Prestige Nursing Tyne and Wear. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training and knew how to escalate any concerns. Risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe. Medicines were managed safely by suitably trained staff.

A robust recruitment and selection process was in place. The service ensured appropriate skilled and well trained staff were deployed to support people. Training and development was up to date and staff told us they received regular supervisions and appraisals.

People were supported to maintain good health and had access to healthcare professionals. Information was provided, in a range of accessible formats, to assist people in understanding their care.

People were 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.

Staff were knowledgeable about the people they supported and were aware of their preferences. People and relatives told us staff were kind and caring. Care plans detailed information for staff to make sure each person's specific needs were met. People and relatives were involved in reviews of their care and support.

The provider had an effective quality assurance processes to monitor the quality and safety of the service provided. The service was proactive in seeking feedback from people, relatives and staff in order to monitor and improve standards. The manager ensured statutory notifications had been completed and sent to the

CQC in accordance with legal requirements.

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 told us they felt safe.

The provider had a robust recruitment process and procedure in place.

Staff had completed safeguarding training and had a good understanding of what signs to watch out for and the appropriate action to take.

Is the service effective?

Good ●

The service was effective.

People were supported with their nutrition and hydration.

Training and development was up to date.

The service used technology to enhance the delivery of effective care and support.

Is the service caring?

Good ●

The service was caring.

People were very positive about the support they received and told us that care staff were kind and caring

Staff knew people well and supported them to maintain their independence.

People's care plans and personal information was kept secure.

Is the service responsive?

Good ●

The service was responsive.

Assessments were carried out prior to people joining the service, to ensure that people's needs could be met.

The provider had a complaints process to deal with people's concerns.

Care plans were reviewed regularly which ensured they correctly reflected people's needs.

Is the service well-led?

Good ●

The service was well- led

The provider had a process for monitoring and assessing the quality of the service.

People were given the opportunity to give feedback on the service.

Relatives of people using the service and staff were confident in the management of the service.

Prestige Nursing Tyne and Wear

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 29 November 2017 and was announced. The inspection was announced to ensure that the registered manager or appropriate person would be available to assist with the inspection. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On 20 November an adult social care inspector attended the service. On 20 November an expert-by-experience made phone calls to people, their relatives and staff and on 29 November an adult social care inspector contacted additional staff.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at three people's care records. We examined documents relating to recruitment, supervision and

training records and various records about how the service was managed.

We spoke to three people who used the service, one relative, the manager, field care supervisor and five staff members.

Is the service safe?

Our findings

People and relatives told us they felt Prestige Nursing Tyne and Wear provided safe care. People we spoke with commented that they felt safe in the company of their care staff. One person said, "Yes, I feel really safe." Another person remarked, "Yes, I do feel safe". A relative said, "Oh, yes, he really looks forward to them coming. He is safe enough."

There had been no accidents or incidents involving people who used the service. The provider had central systems in place to ensure these would be recorded and reported to the manager. This information would be collated and lessons learnt would be cascaded across the provider's other services. This gathering and analysis of information was also used in the reviewing of safeguarding concerns. The manager advised no safeguarding concerns had occurred and was confident staff would react appropriately.

Staff confirmed that they had been given training in safeguarding, and the provider's whistle blowing policy. Safeguarding training was available via e-learning and class based in the branch office. One staff member told us the action they would take if identified a concern, "Go to the manager and tell them and see where to take it from there."

The manager advised when a new person comes to the service a full assessment is carried out and a dedicated team of staff with the appropriate skills, knowledge and experience to support the person is put in place. One person said "The carers are always the same. It is a team of three. It makes such a difference to have the same carers".

People we spoke with had never experienced a missed visit. One person told us that care staff generally turned up on time, but that if they were running late the office would contact them. People told us staff stayed for the agreed period. One person was very complimentary about the flexibility of the service to alter their visit times to enable them to continue with their activity programme.

Staff were mindful about protecting people from infections. People told us staff always used gloves, and other appropriate protective wear when necessary. Where a risk had been identified we saw the service had considered how to minimise that risk and a specifically designed risk assessment was produced. For example, within one person's care records it identified the risk of developing pressure sores. The risk assessment directed staff members to promote regular positional changes.

The manager told us staff would notify the supervisor if a person's circumstances had changed and a new assessment would be undertaken, with referrals made to external health care professionals if required. The supervisor told us about an occasion when staff alerted them to the reduction in a person's mobility. The service responded by contacting the person's GP and assisted in discussions to ensure the person received appropriate safe care.

Medicines were managed safely. A relative told us care staff administered medicines and commented, "This works very well." We reviewed medicines administration records (MAR). The MARs we viewed showed no

gaps or discrepancies. Regular audit checks of medication administration records were carried out. Staff told us that they were well trained in the administration of medicines and that they always explained to people what medicines they were about to administer. Another staff member said they always asked, at the beginning of a shift, if there had been a change in the medication regime for the person. The service ensured all staff administering medicine had completed the appropriate training and also reviewed staff competency regularly via observed practises.

A safe and robust recruitment process was in place. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. The manager told us the provider requests that all staff join the DBS updating service which allows the provider to check staff's DBS status whenever required. They also told us they conducted regular checks on nursing staff to ensure they had current Nursing and Midwifery Council (NMC) registrations.

The manager had access to all systems on the provider's electronic systems via a secure laptop. On call was organised centrally with people's information readily available. This ensured people would continue to receive care following an emergency.

Is the service effective?

Our findings

People and relatives told us staff were well trained. One person told us, "Care is very good. I have not been long with Prestige, but the training they have given to staff has been fantastic." Another person said, "They know exactly what to do". Overall, they are pretty good." A relative said, "They understand everything. They are part of the family. Nothing is too much trouble."

The manager told us staff were not allowed to support people until they had completed all their relevant training. The provider offered an extensive range of training with both e-learning and classroom-based covering such subjects as health and safety, equality, safeguarding, moving and handling, dignity and care and care of the dying. All training was monitored with staff receiving reminders when refresher training was required which meant there were no gaps in training. The manager told us the branch nurse delivered training and carried out competency reviews. The provider regularly reviewed staff's competency in areas such as medicines and stoma care, ensuring they maintained the desired level of skill and knowledge.

Staff told us the provider's training programme was very thorough. One staff member said "The company is very approachable. You can always seek advice. The people in charge are very experienced." Another staff member said "Prestige do give good training. The management are great in providing support to us." Staff also confirmed they regularly took part in supervisions and appraisals. The manager advised, "Staff receive quarterly supervisions and an annual appraisal."

People were supported with their nutrition and hydration. Staff we spoke with told us they prepared meals in line with people's wishes as directed in their care records. We could see that staff monitored people's nutrition and hydration and recorded this in people's daily records. Staff encouraged people to maintain their fluid and food intake and were responsive in involving external professionals when required. A relative confirmed that staff helped their relative to eat and drink appropriately and commented, "Meals work really well."

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.

The manager had a sound understanding of the main principles of the legislation. We noted staff had not received MCA training. The manager advised that the provider had recognised this for future development. Although staff had not received MCA training, the staff we spoke with were able to describe the importance of gaining people's consent when providing support. They ensured people were encouraged to make decisions about their care when they could and staff provided the support necessary for people to make decisions. People we spoke with confirmed that their consent was sought before things were done. A relative said, "Yes, (my relative) knows exactly what is going on because they always ask him if it is OK to do this or that."

People were supported to access healthcare professionals. Care records showed people had regular input from a range of health care professionals, such as GPs, speech and language therapists (SALT), and occupational therapists.

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about the care and support they received from staff. One relative told us, "They have a very good time. Always laughing. He has a good engagement. He likes them all."

Staff treated people with respect and dignity. A relative said, "[My Relative] confirmed that privacy was respected." When asked if staff are respectful one person commented, "Absolutely." Another person said, "It is really good that they respect me because I am young."

People we spoke with told us staff encouraged them to be as independent as possible. One person praised the provider for its flexibility. They said, "They don't bat an eyelid if I need to change visit times. This enables me to live an independent life, go to work, etc." They added, "They allow staff to visit me out of uniform so that my friends and neighbours don't know that I am receiving care visits – that is important for my self-respect." Another person said, "This care provider does not treat me like a vulnerable kid."

Staff were knowledgeable about people they supported. They described people's preferences and how people liked their support to be delivered. People and relatives we spoke with remarked about the ability of the provider to provide continuity of care by well trained staff. Each person had a dedicated team of staff, familiar with how the person wished to receive care and support.

People and relatives confirmed they were involved in planning their care. One person said, "My care plan takes account of all my needs and preferences. The care plan is all about me – that makes such a difference. This is the first time a care provider has treated me as central to all they do."

The provider offered people access to a range of accessible information including braille, large print, on cassette tape or in the person's language of choice. This enabled people to understand their care service.

The manager told us if people required support in making difficult decisions about their care they would arrange for the person to access an advocate. No one was currently using the service of an independent mental capacity advocate (IMCA).

People's personal information was held securely in the branch office and laptop computers. The provider also maintained confidential information passed to staff on their handheld devices was secure and safe. We also noted that the service's computer system was password protected and so could only be accessed by authorised staff.

Is the service responsive?

Our findings

People who used the service and relatives told us that they were involved in the regular reviews of their care plans and links with the management were good. A relative told us that the manager had visited twice in the last two months. Records showed the service was thorough in reviewing the service provided with regular visits made to people to discuss their on-going care.

The manager advised us, and records confirmed, that people's care and support needs were fully assessed before they used the service. This was so they could assure themselves and people using the service that suitable appropriately trained staff were available to support the package.

People had a range of care plans in place to meet their needs including a personal profile, risk assessments and support plans. Staff were able to refer to a brief history and description of the person in 'About myself' records and gain an insight in to what was important for the person with, 'What outcomes I want to achieve' records.

Where potential risks had been identified a risk assessment was developed and recorded on a risk matrix. Support plans were personalised and included people's preferences, likes and dislikes. Each one contained directions to inform staff how to meet the specific needs of each person. We also saw a schedule of the call times along with tasks that were to be undertaken on each visit. The care records were person centred throughout. For example, one person did not want a routine so their support plan reported, "Would like control over what assistance she needs from Prestige members."

The provider used technology to support people to receive timely care and support. The service had an electronic call monitoring system which logged when staff logged in and out of a person's home. The manager told us, "This allows the provider to monitor the quality of the service and supports lone workers." Staff also received live alerts on the device, which meant information could be cascaded to staff immediately. For example if additional staff were needed to suitable on a shift.

The provider had a complaints procedure and this was included in the service user handbook, which people using the service received at the beginning of the assessment. Whilst no formal complaints had been made, people expressed they were happy raising any concerns they had. One person said, "The company responds within 24 hours to any concerns. They do not fob me off." The relative said, "If we have problems they are sorted right away. The manager does spot checks. I could not ask for more."

The service ensured staff supporting people with palliative care had completed training in end of life care. We saw people's palliative care support plans were regularly reviewed and staff also worked alongside external healthcare professionals such as Marie Curie nurses. The service had received numerous cards and letters of thanks from relatives of people they had supported. One read, "Staff were very caring and completely dedicated ensuring [person] was as comfortable as [they] possibly could be."

Is the service well-led?

Our findings

People and relatives we spoke with were positive about the management of the service. The manager had only been in place for four weeks at the time of our inspection. They were the registered manager of Prestige Nursing Blackpool and had started the application for Prestige Nursing Tyne and Wear to be added to their registration. They were supported by a field care supervisor and a branch nurse. Care staff were referred to as 'members' and were generally employed for specific care packages.

One person said, "Management is now much better. As soon as the new manager arrived, I got extra hours. She is brilliant. She came to see me as soon as she arrived. Since [new manager] took over it has been second to none. It is amazing. Better than anything I have experienced before". Another person told us, "Yes, they are well organised. I have no problems with them." A relative said, "They are well organised. I have never had any problems or complaints. They are brilliant. They do everything."

Staff also told us they felt improvements had been made. One staff member said, "I can't speak more highly of the people in the office. They are efficient and effective. Always try to address your problems." Another staff member said, "Yes, the manager is well organised. She is experienced and supportive. Overall my experience has been great." And another staff member said, "The supervisor is brilliant."

The manager had extensive knowledge of the systems and procedures from managing the Prestige Nursing Blackpool service. The provider had systems in place to utilise information from all its services and to ensure lessons learnt benefited everyone. Regular manager meetings were held with subjects such as safeguarding and accident and incidents discussed.

The service had a 'member of the month' award. The manager told us, "This is in recognition of good practice or when someone goes above and beyond the call of duty."

The provider had an effective system of quality assurance checks to ensure people received a good standard of care. The regional manager carried out an annual audit which covered areas such as health and safety, care records and staff files. The audit included a findings report with action points within a clear timeline. The manager also completed monthly reviews checking samples of people's medicine records and reviewing one person's care records and one staff file each month.

Staff had opportunities to provide feedback about how to improve the service and people's care. One staff member said, "We discuss things in supervisions but I can speak to the supervisor about anything."

People had regular opportunities to discuss their care and support. Quality monitoring calls were carried out via telephone and visits. Branch staff regularly visited people to discuss how things were going and to see if any improvements could be made. People we spoke with confirmed that they were asked to provide feedback by filling out a questionnaire.

The manager has notified the Care Quality Commission of all significant events which have occurred in line

with their legal responsibilities.