Prestige Nursing Limited

Prestige Nursing Staffordshire

Inspection report

433 Hartshill Road,
Stoke On Trent, ST4 6AB
Tel: 01782 409170
Website: www.prestige-nursing.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection visit took place on the 9 December and was announced. This meant the provider and staff knew we would be visiting the agency's office before we arrived. Our last inspection was carried out in February 2014 when we asked the provider to take action to make improvements. This was because the majority of the people we spoke with were not satisfied with the way their care was arranged. People told us they did not receive regular carers and were not always happy with the times of their calls and told us their complaints were not responded to. The provider sent us an action plan in April 2014 after the inspection to confirm that these improvements were being addressed.

Prestige Nursing provides personal care and support to people living in their own homes in the Stoke on Trent and surrounding areas. At the time of our visit 45 people were being supported.

A new manager had been appointed in post since our last visit in February 2014. They were not registered with us at the time of this inspection; however they had applied to register and were due to be interviewed by us, the week after this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 who used the service told us they felt safe and records and discussions with staff demonstrated that staff were trained to look after people safely. Systems were in place to protect people from risks and to ensure safe staff recruitment.

People told us that staff treated them with dignity and respected their privacy. People's needs were assessed and care plans were in place to support staff to meet people's needs appropriately. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about people's health.

People were able to raise any concerns as they had access to the agency's complaints procedure and from the records held and discussions with people we saw that complaints were addressed appropriately.

There was a clear staffing structure in place and staff had a clear understanding of their roles and responsibilities. There were systems in place to supervise and manage all staff and this ensured staffs practice was monitored to ensure any additional support or training required was identified. There were also arrangements in place to assess and monitor the quality of the service to ensure improvements required where identified and actions put in place to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and staff knew the procedure to follow if they were told about any abuse happening or had any suspicions of abuse. All risks to people were assessed and people's medicines were managed safely. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support the people who used the service.

Good

Is the service effective?
The service was effective.

Staff had received training to meet people's needs and understood the principles of the Mental Capacity Act 2005 to enable people's best interests to be met. People were protected from the risks associated with eating and drinking and staff monitored people's health to ensure any changing health needs were met. Staff felt confident and equipped to fulfil their role because they received the right training and support to do this.

Good

Is the service caring?
The service was caring.

People told us that the staff were kind and caring and supported them to maintain their independence. People told us they were treated with dignity and respect. People's privacy was respected.

Good

Is the service responsive?
The service was responsive.

People's care was planned to meet their needs and preferences. People received a satisfactory outcome when they complained or expressed their concerns.

Good

Is the service well-led?
The service was well-led.

There were systems in place to supervise and manage all staff and they understood their roles and responsibilities well. People's views were gained about the care they received. Systems were in place to assess and monitor the quality of the service provided.

Good

Prestige Nursing Staffordshire

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 9 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of two inspectors and one 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. The Expert-by-Experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives of other people that used the service.

Prior to our inspection we checked the information we held about the service and the provider. We also asked the provider to complete 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 that they plan to make. Although the provider had completed the PIR and returned it; this information was not made available to the inspectors prior to our visit.

Before our inspection we reviewed other information we held about the service, such as information from the quality monitoring team at the local authority that undertake visits to the service and notifications received from the provider. A notification is information about important events which the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We spoke with eight people who used the service and the relatives of two other people that used the service. We also spoke with the manager, area manager, two care staff who were also responsible for co-ordinating care and two other care workers.

We reviewed records held at the agency office. These included eight people's care records, four staff recruitment and training records. We also looked at the records of complaints and how these were managed and the systems the provider had in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection people who used the service told us the care was not always delivered to their satisfaction, that the support agreed was not always provided and that carers did not arrive at the agreed time. A compliance action was left as the provider was breaching Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and Welfare. At this inspection the consensus of opinion from people we spoke with was that staff usually turned up on time and stayed for the agreed length of time. Several people said that staff were; "sometimes a bit late." On further discussions we established that generally this was usually no more than ten to twenty minutes. Two people mentioned that staff had told them that they were not allowed any time for travelling between visits and that this accounted for them being late. When this happened one relative told us that the office sometimes phoned and said that the carer was running late or sometimes the carer themselves rang to say they would be late.

We asked a member of staff if there was enough time between calls and enough time to complete tasks. They told us; "Sometimes there is enough time, it can be a rush if we are booked to leave a call at nine but need to be at the next call for nine." The staff member explained that people were told there was 15 minutes leeway either side any specified time. This was discussed with the manager who confirmed people were told this. However from our discussions with some people it was evident that this was not clear to them.

At this inspection people who used the service and relatives told us they felt safe with members of staff from the agency. One person said they received; "First class care." Another person said they felt; "Totally safe".

Staff rotas demonstrated that there were sufficient staff with the right skill mix and experience to keep people safe. The staff that coordinated care told us that they would contact people by telephone to inform them of any changes.

One person who initially used the service for support with domestic tasks told us; "It is a very nice friendly service. They put me at my ease. I am very comfortable. Now I will allow them to do personal care. They do a wonderful job. I never knew that something like this existed."

An on call system was available for staff and people who used the service. A member of staff said "There is always someone there if you need them." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person said; "When I phone them whoever I speak to is friendly. They seem to know me." Another person told us that the office was; "Helpful to me." This demonstrated that the agency were available to people when needed.

We saw the service had a safeguarding policy in place. This was reviewed annually. The policy outlined the types of abuse and action to take if abuse was suspected. We saw that emergency contact numbers were available on the branch notice board along with information about the Local Authority multi-agency protocol. This demonstrated that information was available and accessible to staff. Staff confirmed they had received training in safeguarding people and were able to tell us the procedure they would follow should they hear about any abuse happening or have any suspicions of abuse. This demonstrated that staff understood their responsibilities to keep people safe and protect them from harm.

Risks were assessed during people's initial assessment and again if people's needs changed. Risk assessments had been carried out and recorded in the care plans we looked at. Where a risk was identified the care plan described the actions in place to minimise the identified risk. This showed us that risks were managed to keep people who used the service and staff safe. Staff spoken with knew about people's individual risks and explained the actions they tool to keep people safe, this included any specialist equipment that was used for individual people.

A lone worker procedure was in place. This was to ensure that people and staff were safeguarded from harm. Staff spoken to were aware of this policy and confirmed they carried the appropriate equipment to keep them safe.

The majority of people we spoke with said that their carers operated their 'key safe' and always left them feeling secure. These were outdoor key safes for storing people's house keys in order for staff to enter and leave people's homes securely when they were unable to open and lock their doors independently.

Support plans instructed staff to ensure that life lines were on and accessible for people, this was to ensure that

Good

Is the service safe?

people could summon help in an emergency situation, for example if they had a fall. We saw that staff wrote in the daily records to confirm the life line was on and accessible to the person.

Systems were in place for accident and incident reporting and we saw that actions were taken to reduce risks. For example one person had fallen asleep with a cigarette in their hand resulting in a burn to their blanket. As a result the service spoke with the family and arranged for the fire service to do a home visit.

We looked to see if the provider carried out checks on staff's fitness to work with people who used the service. We looked at the recruitment records for four staff. We saw that all four staff had Disclosure and Barring Service (DBS) checks in place. We saw that other appropriate completed documentation was in place; such as application forms, references and identification records. The records seen demonstrated that all of the required recruitment checks were in place before the staff began working with people. This demonstrated that the provider had ensured people had their needs met by staff who were fit to work and were of good character.

Staff told us the recruitment process was thorough to ensure they were suitable to work with people and confirmed that they had shadowed experienced staff at the beginning of their employment. This gave people who used the service an opportunity to meet new staff before they began supporting them and ensured new staff were supported in getting to know people before working independently with them.

Some people were supported by staff to take their prescribed medicines. People who used the service told us that they received their medicine as prescribed and in the way that they preferred. Information in people's care plans included their preference on how they took their medicine.

We saw that MAR sheets were coded to demonstrate the level of support a person required with the medicine. This varied from prompting a person with their medication to administering medication. We saw that information regarding people's medicines was recorded in their care plan. This provided information to staff on the level of support the person needed with their medicines. This demonstrated that staff supported people in a safe way to take their medicines.

Good

Is the service effective?

Our findings

People who used the service and relatives that we spoke with said that they thought the staff were competent and capable of undertaking the tasks they performed. Staff supported people with a variety of tasks, from preparing meals to other domestic chores. Some people also received personal care support from the agency staff. One person said their relative did have personal care from the agency and several people said that staff supported them to shower. People we spoke with confirmed that they were happy with the personal care support they received. One person talking about the staff support they received said; "I am very satisfied with them."

Records and discussions with staff confirmed that when new staff did not have a qualification in care, they completed the nationally recognised induction standards for people working in adult social care within the first 12 weeks of employment; this ensured that staff that were new to care were provided with the appropriate skills and knowledge to support people.

Staff spoken with confirmed that the training received was effective and included classroom based and E learning training. One person who had not worked in care prior to working for the agency told us that the training had provided them with the knowledge and skills needed to undertake their job. None of the people who used the service that we spoke with raised any concerns regarding the capabilities of the staff that supported them. A system was in place to ensure staff were provided with training that was effective in ensuring they had the knowledge required to meet people's needs. We saw that care workers were also supported to complete vocational courses in care.

The area manager told us that they had undertaken video training for dignity champions with the Alzheimer's society and dementia friends.. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this and they encourage staff to be involved. This demonstrated that as well as the dementia training that staff received, they were encouraged to further develop their understanding regarding dementia and how to support a person living with dementia to ensure their dignity was maintained and promoted.

Staff received supervision on a regular basis; this was through one to one meetings and through observations of the care they provided. Staff told us that they felt supported by the management team and confirmed that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. This meant that people were cared for by staff that were well supported.

People confirmed that they were involved and consulted regarding their support package initially and when it was reviewed.

People told us that staff supported them as required and encouraged them to make choices. One person told us; "Everything I ask they will do." Another person who received support at their lunch time meal told us they were supported to make decisions about what they would like to eat.

The majority of people we spoke with said that staff did not rush them but encouraged them to take their time.

People were asked for their consent to the support provided to them. The majority of support plans seen had been signed by the person to confirm their agreement to their support plan. One support plan that had not been signed stated, 'Client unable to sign, verbally agreed with [person using service] and family.' We saw that people's agreement had been gained from them for copies of support plans to be kept in their own homes.

We saw that the service had a mental capacity act policy. The mental capacity act 2005 (MCA) is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. We spoke to the manager and area manager about how they consider mental capacity and their responsibilities within this. We were told that specific training was being planned to ensure relevant staff were aware of recent changes in this legislation. Information in training records showed that just under half of the staff team had received training in the mental capacity act in 2014. Staff's understanding about the mental capacity act varied. Staff that had received training had a good

understanding of the requirements of the act. Staff that had not received the training had limited understand but were able to demonstrate that they understood the principles of the act.

The area manager and manager told us that if a person refused personal care they would contact the person's family or representative. They said staff are told to try and encourage people if they refused care or support. We spoke with staff and asked if they supported anyone who lacked capacity. One member of staff told us about one person who may lack capacity. They told us that the person would not always choose what they wanted to eat so they would make the decision for them in their best interests and in line with a menu planner that their representative left in the kitchen.

Cognitive factors had been completed in people's records. Cognitive factors refer to characteristics of a person that affect performance and learning, these include a person's attention, memory, and reasoning. One person's records stated; '[person using the service] has short term memory due to dementia. Re-assurance to be given if needed.' The person's support plan recorded that the person had some difficulties with their memory and could get very confused at times, it instructed staff to tell the person why they were there and what they needed to do. This meant that staff had guidance to follow to support them in orientating this person when needed.

We checked arrangements in relation to protecting people from the risks associated with eating and drinking. Arrangements were recorded in people's support plans regarding their nutritional needs where this support was required. For example one person required some support with preparing their meals and detailed information was recorded to enable staff to do this. This information stated that this person was able to choose their choice of meal and was supported to maintain a healthy balanced diet and fluids to reduce the risk of dehydration. Staff had kept records of care given and stated the help people had received with meals and drinks.

Information in records demonstrated that staff at the agency worked with other agencies as required. Information seen in people's care files instructed staff of the signs to look for regarding pressure areas on skin and gave instructions on the actions to take if any redness or marks to the skin where identified. This demonstrated that people's health needs were monitored and helped to ensure people's changing health needs were met.

We saw that when other health professionals were involved this was recorded in the person's care records. One person had district nurses visit daily to administer insulin injections. Information in this person records provided the staff with guidance on the signs and symptoms to look out for that could indicate that this person's blood sugars were not stable and guided staff on the actions to take to support this person in maintaining their health, for example contacting the office staff or contacting the relevant medical professionals in an emergency.

We saw from daily records that staff followed the guidance in care plans to support people's health care and dietary needs. For example one person's records stated; "[person using service] said they did not want anything to eat yet. Told [person using service] they need have something to keep their blood sugars right, [person using service] agreed to a chicken dinner."

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were kind and caring and from their description of staff they clearly felt at ease and comfortable with them. People described the staff as; “cheerful”, “friendly”, and said they often had a “laugh and a joke” or “chatted” with them. One person said; “If I need any extra help they will assist.” Another person told us “They will offer to do something extra like fetch a bottle of milk. They are all very nice.” Another person said “They always ask if there is anything else they can do before they go.” And another person told us “If it wasn’t for the carers, I would be lonely”.

All of the people we spoke with felt that the staff maintained their [or those of their relative’s] privacy and dignity. One person said: “They always knock at the door before coming in.”

Positive comments were made about how people were supported to maintain aspects of their independence. One relative said; **“**They ask [person using the service] if they want to wash their own face.” This demonstrated that staff encouraged and promoted people to maintain as much independence as possible.

People’s preferred names were recorded in their care records to ensure staff addressed them in their preferred way. Care records showed that people had been involved in their care and their views had been gained about what was working. For example one person had said they enjoyed staff visiting them and did not wish anything to change. People had signed copies of their support plan documentation to demonstrate their agreement.

Records showed that people were supported to maintain their independence. For example people’s care plans directed staff on the level of support each person required and what they were able to do for themselves. One person confirmed they were supported to maintain their independence as they told us: “I am able to make my own breakfast.”

Records showed that continuity of staff was provided when possible. For example one person’s telephone quality monitoring form stated; “Likes the carer who has been and seems settled with them.” The records showed that this member of staff was recorded as the main carer for this person to ensure continuity and to meet this person’s preferences.

Good

Is the service responsive?

Our findings

At our last inspection people who used the service did not always consider their complaint had been addressed to ensure they received positive outcomes. A compliance action was left as the provider was breaching Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and Welfare. At this inspection this breach in regulation had been met. This was because records showed that complaints had been addressed appropriately and comments from people who used the service confirmed that they did not have any complaints about the service. People confirmed that they knew how to complain if they needed to and told us that they thought that their concern would be addressed. One person told us about one occasion when a member of staff, that was not their regular member of staff had left their bathroom rug 'in a heap' on the floor, which was a trip hazard and the person's walking aid turned the wrong way round. They told us that they had mentioned this to their regular carer, who had referred the issue to the office and confirmed that this had not happened again.

A complaints procedure was in place. We saw records of written complaints that had been made. The service had investigated and responded to complaints in line with their procedure and demonstrated that complaints were addressed appropriately.

We spoke with the care co-ordinator who showed us that day to day concerns were logged on their computer system. We saw an example where a relative had raised concerns about staff not wearing protective over footwear. The care co-ordinator told us that there is now a supply of foot protectors kept in the person's home. This demonstrated that people's specific requests were met whenever possible.

All of the people we spoke with said they thought the care they or their relative were receiving from the agency met their current needs. One person said that their needs were in the process of changing and they were going to need additional personal care visits in the near future. They said they were confident that they would be able to arrange this with the agency.

People's needs were assessed such as things like people's ability to eat and drink, maintain their own personal care and cognitive factors or behaviour factors. We saw in records that people's care was planned to meet their needs and maintain and promote their independence. For example one person's care plan regarding their mobility stated; 'Carers to encourage [person using service] to use walking stick when mobilising and ensure walkways are clear and tidy'. People told us that staff supported them at their own pace. Medical factors were also identified in people's care records and care tasks that family members completed were recorded, this ensured that everyone was clear regarding their role in providing care and support to the person.

People's care records contained specific detail about them to provide the staff with an overall picture of the person, to support staff to get to know the person better. For example one person identified their family was important and they enjoyed playing bingo and attending a day centre. Another person's records stated they wished to remain in their own home and wished to remain independent for as long as reasonably possible.

People's preferences regarding the gender of staff that supported them were met. Most of the people said they did not mind whether the staff supporting them were male or female. One person said they were very glad that the staff that supported them were female, but said they had not specifically asked for this to be the case. Another person told us; "I chose a female." This person confirmed the agency had complied with their request.

Most of the people we spoke with were aware of the office number and knew where to find it in their paperwork that had been provided by the agency. People we spoke to were confident they could request a change from the office. One person told us; "I never have any problem with changing anything. They are efficient and friendly."

Good

Is the service well-led?

Our findings

People confirmed that the office staff rang them sometimes to tell them that if staff had been delayed or the member of staff themselves would contact them. The local authority held a contract with the service to provide care and monitored calls through their electronic care system. This system was in place to prevent missed calls and to ensure all visits were allocated to an alternative care worker if their regular care worker was off work. People who used the service confirmed that staff rang in when they arrived at their home and before they left. People confirmed that they had not had any missed calls and in general calls were undertaken within the agreed time frame.

The records showed that people were contacted by telephone and received home visits to enable the provider to gain their views about the service people were receiving. At the start of using the agency people were contacted within 24 hours of commencement of the service and then visited within four weeks of the start of the service. Telephone calls were then undertaken every three months and quality monitoring visits every six months. We saw that when one person was asked what was working well they said; 'All carers are nice.' Another person was recorded as confirming that staff were punctual and that staff wore their uniform and identification badges. Other recorded comments included; 'Carers could not do any more than they do, they are wonderful.' And another person stated that their relative 'receives outstanding care' and that staff were' reliable, observant and caring.'

Staff told us that they felt supported by the management team and said that if they had concerns or questions they would contact the office. Comments from staff regarding management support included; "I feel very supported, any concerns and I would just contact the office."

Team meetings were also provided and staff told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes.

The branch of the service was located on a high street and at ground level which made them accessible to the local community and people with physical disabilities.

A management team and staffing structure were in place at the agency. There was a manager, who had applied to register with us and was present at our visit to the office. Additionally, there were care coordinators and field care supervisors and care workers. Staff we spoke with were aware of the staffing structure and demonstrated that they understood their roles and responsibilities well.

We saw a policy was in place for internal audits. This identified that spot checks and six monthly audits would be undertaken to look at things such as people's care plans, complaints, survey results and previous audits. We saw that this system was used on an ongoing basis to monitor the service provided and take action as required to improve the service.