

Prestige Nursing Limited

Prestige Nursing

Peterborough

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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Summary of findings

The last scheduled inspection for Prestige Nursing Peterborough took place on 12 September 2013. The agency was compliant in the five regulations inspected.

We visited Prestige Nursing Peterborough on 8 July 2014. This was an announced inspection, which meant the provider was informed about our visit one day beforehand to ensure managers and staff would be available in the office.

Prestige Nursing Peterborough is registered to provide personal care for adults living in their own homes and staff for care homes and hospitals. They were also registered as a nurses agency. On the day of inspection Prestige Nursing Peterborough was providing personal care to 25 people in their own homes. There had been no nurses supplied by the agency in the last year as they had no nurses available.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection, undertaken in September 2013, there were no breaches in any of the five regulations examined.

During this inspection we found that people's welfare and safety was at risk because the provider had not made sure that all the information about people who received the service was up to date nor that risk assessments to protect the people and staff were always completed. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Improvements were needed to the documentation because food and fluid records were not always fully completed. This meant people might not have had enough food and drink to meet their needs.

There were a number of methods used by the provider to check the quality of the service so that any areas of concern could be identified and dealt with. However, improvements were needed as there was no action plan to show that information from the client satisfaction survey last year had been used to improve the service provided by the agency.

Staff were aware of legislation regarding the Mental Capacity Act 2005 and what it meant to the people they provided care to. They told us that training had been provided and this was confirmed during the inspection. This meant staff would recognise when an assessment under the Act was necessary to protect people in their care.

Staff knew about the people they cared for and had received appropriate training to make sure they could meet those people's needs. Staff understood what to do if they had concerns about people's wellbeing or safety.

People told us that staff were caring and responded well when any changes were needed, but there was a lack of continuity of staff at the weekends. They told us that they or their relative had been involved in writing and reviewing their plans of care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as identified above. You can see what action we told the provider to take at the back of the full version of this report.

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?

People were not consistently safe.

Although most people felt safe with the regular staff, there were concerns about the level and continuity of staff at weekends. The agency was in the process of recruiting more staff to make improvements in the agency.

Most support plans and risk assessments were up to date and in place where necessary, but in some people's files there were areas where no risk assessments were in place.

Although there were processes in place to safeguard vulnerable people, the registered manager had not followed them and so improvements were needed. Staff understood safeguarding and were aware of how people must be kept safe.

The agency had an effective recruitment procedure to make sure staff had the skills and experience necessary to provide quality care.

Requires Improvement



Is the service effective?

The agency was not consistently effective.

The agency did not introduce people to staff, which meant staff skills and compatibility were not always effectively matched.

Staff knew people well and understood their individual care and support needs. Staff had the knowledge and training necessary to meet people's needs.

Improvements in the recording of food and fluid were needed to ensure that staff were aware of what people had eaten and drunk.

Staff were supported because they had effective supervision, appraisal and training.

Requires Improvement



Is the service caring?

The agency was caring.

Most people told us the staff were 'more like friends'. People who had regular staff said the care was good.

People told us that staff in the office of Prestige Nursing Peterborough had always been courteous, understanding and very adaptable.

People liked their regular staff but found new staff were less understanding.

Good



Is the service responsive?

The agency was responsive.

Good



Summary of findings

People we spoke with told us they or their relative had been part of the support plan.

Most people told us they were aware of the provider's complaints procedure, and we found there was appropriate information and that people had been satisfied with the outcome.

The staff were responsive to people's changing needs and made sure the support and care they provided was flexible.

Is the service well-led?

The agency was not consistently well led.

We were unable to assess if the agency had made improvements after the 2013 survey for people as there was no evidence of what had been done and no formal plan of action completed.

There were systems in place so that people who used the agency could comment about their care and for the provider to make improvements.

Requires Improvement



Prestige Nursing Peterborough

Detailed findings

Background to this inspection

Our inspection team was made up of an inspector 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 agency. The expert by experience made telephone calls to people who used the agency.

Prior to our inspection we reviewed the information we held about the agency. This included looking at safeguarding incidents and notifications sent to us by the provider and the Provider Information Record (PIR). This is a form that asks the provider to give some key information

about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

During the inspection process we telephoned eight people who lived in their own homes and five family members, six staff and the regional manager. The registered manager was out of the office at the time of the inspection. We spoke with two health professionals. We looked at five people's support plans and other documents. We checked five staff recruitment files and information about the mandatory and specialist training that staff had received. A copy of the Prestige Nursing Peterborough 2013 client satisfaction survey and Prestige Nursing and Care member handbook was provided for us to review as part of our planning for this inspection.

Is the service safe?

Our findings

We looked at the risk assessments for people; however some people's files there were areas where no care and support risk assessments were in place. For example, there was one person who could have challenging behaviour but there was no information about what action staff should take to calm the situation down. The regional manager stated that all the information would be in the file. Staff (in the office) were able to give relevant information, but none of it was in the support plan. This meant staff did not have the necessary information available to keep themselves or the person safe. There was information in another person's support plan that extra time had been contracted so that the person could be assisted and checked that they had eaten and drunk sufficient, because they had recently begun to decline meals and drinks. However there were no assessments about the risks that the person could become dehydrated or malnourished if staff did not provide the necessary care. The weekly food intake charts had not been fully completed and there were seven occasions between 19 May and 1 June 2014 when there was no evidence that the person was offered a drink at the evening call. The regional manager was informed that the person was at risk and all staff were contacted by phone that all food and fluid charts had to be completed. This showed that staff and people who used the agency were not protected or kept safe, which meant there had been a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) 2010. The action we have asked the provider to take can be found at the back of this report.

Four people we spoke with made specific comments that they felt the agency provided safe care. One person said: "I always feel safe" and another said: "The carers always show respect, I always feel safe with them." One family member said: "We always feel mum is safe, but we ensure we monitor her care," and another said: "It is a safe service. They do everything they should." Information in the 2013 client satisfaction survey showed that a new system of electronic call monitoring, that ensured staff arrived and left on time, increased some people's feeling of safety.

There was a mixture of comments about the level and continuity of staff at weekends. One person who felt the different changes of staff had affected their wellbeing said: "It's upsetting especially at the weekends. They don't always tell me and I panic if I don't know who's coming."

Another person said: "Overall I'm happy but not so secure. A lot of good qualified staff have gone." A family member commented: "I receive a weekly roster but it's not always right as others might just turn up. A few have left recently. "One person said: "Lack of care especially on Sundays, they seem to be struggling for staff. I've had four different carers in a few weeks." However four people told us the continuity of staff was "generally good." The regional manager was aware that more staff were needed to make sure the agency was able to provide the same staff on a regular basis for people. They showed us that there were job advertisements in the local papers and there was currently a recruitment drive to employ more workers. Improvements were needed to make sure people knew which staff member would provide their care so that they felt safe and their welfare was maintained.

We saw that there had been some safeguarding issues raised in the agency and there was evidence that two had been dealt with according to the provider's procedure. There was information that staff had undertaken training as a result of the two issues and this had been fully recorded and agreed by the local authority. The regional manager said that the information was used to change practice in the agency through training and one to one meetings. We spoke with one health professional who dealt with safeguarding, who told us that the registered manager of the agency usually dealt with any safeguarding issues well. However one safeguarding issue that had been raised through the District Nurse had not been addressed and no outcome and no response from the registered manager had been provided. The regional manager said he was unaware of the actions taken by the registered manager and would investigate as soon as possible. The agency needed to ensure the procedures in place in relation to the investigation of safeguarding reports were adhered to ensure people's safety.

All the staff we spoke with told us they had undertaken training and understood what constituted abuse or poor practice. They told us they would report any concerns to senior staff in the agency or directly to the local authority if they felt they needed to. They knew how to contact the local authority and where the details of that and other agencies phone numbers could be found. This meant people were protected by staff who had an understanding of abuse and what they were required to do if they found abuse had occurred.

Is the service safe?

We checked five staff member's recruitment files, which showed the provider had checked two references from previous employers, identification documents, proof of the staff member's right to work in the United Kingdom and whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national service that keeps records of criminal convictions. All five files had all the necessary information in place before staff started to work with people in the community. Five staff we asked about recruitment confirmed that this was the case. This meant the provider followed safe recruitment practices to ensure staff were suitable to work with vulnerable people and that the required checks had been carried out.

Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and were able to tell us about it and what it meant to the people they provided care to. This meant staff would recognise when an assessment under the Act was necessary to protect people in their care. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

Is the service effective?

Our findings

Although most people told us they were happy with the care they received and the level of skills of the staff who provided their care, one person told us: “[staff] need better training, but a couple are really brilliant,” and another commented that when their relative received their personal care from two staff: “They whisper to each other as they are [giving care] and not really looking at my [relative].”

Our discussions with staff showed that they all agreed they were given enough information about new people prior to their first visit, but they were only introduced and shadowed by regular staff if the call required two staff to provide and meet the person’s needs. One person told us new staff were introduced to them but two other people said the staff had not been introduced. The agency did not always manage or introduce people to staff, which could mean staff skills and compatibility were not effectively matched.

Where the agency staff provided support for people at mealtimes we saw that the food and fluids taken had been recorded in the daily notes, but the food and fluid charts for those people had not been fully completed. Improvements in the recording of food and fluid were needed, because people’s health and wellbeing could be at risk of malnutrition or dehydration, although we noted that the dietician had been involved with some people. The operations manager was made aware and an immediate text was sent to all staff that the charts must be completed in line with the agency policy and all charts would be audited when they came into the office.

There was evidence on staff files about the training each staff member had undertaken. Staff we spoke with told us they had received an induction into the agency and had been supported with on going training. Information showed that the agency provided training and work books that were completed and assessed by the nurse in the office. Staff told us that they had undertaken e-learning in a

number of subjects such as safeguarding, first aid, food and nutrition, culture and religion, food hygiene and the Mental Capacity Act 2005. There was other training such as manual handling and medication that was completed in the classroom and staff competency checked once they had worked with people in their own homes.

In one person’s file we saw that staff had received training in the use of the person’s wheelchair and instructions that the wheelchair must be checked to be in full working order before use. There was a record in another person’s file that they had requested that: “All carers shadow regular carers before attending the a.m. call.” There was evidence that this had been done. One staff member said that the agency would arrange any training necessary to make sure people who used the agency had appropriately trained staff.

All the staff we spoke with, and information in the five staff files we looked at, indicated that there were supervision records, a yearly appraisal (where the person had been employed for a year), spot checks, training that had been undertaken and competency checks for things such as medication administration. We saw that during a one to one supervision the staff member had requested more training with a particular aid. We spoke with a senior in the office during the inspection and they confirmed the staff member had been further trained. This meant people were protected because staff were competent and supported to meet their needs.

We saw five people’s support plans which showed their health needs had been considered. We spoke with two health professionals who told us that the staff referred to them when needed and that the referrals were always appropriate and timely. There was further evidence that if people’s health deteriorated additional support was provided and then agreed with whoever was funding the care, which was either the local authority, person themselves or their family. This meant people’s health was maintained because staff recognised when other professionals needed to be called.

Is the service caring?

Our findings

Whilst four people told us they felt the staff were: “Friends rather than carers”, that they [staff] were, “Very considerate and adaptable” and were, “Full of praise for them, absolutely wonderful,” others were less positive. One person, who had received care from a temporary member of staff said: “I couldn’t be happier with the regular staff, but the younger staff have no compassion.” Overall people were cared for by staff who understood their needs and provided kind and supportive care.

Information provided showed the agency staff listened to people who used the service. People were involved in writing their support plans and regular requests were made for their comments about their carers. People told us that they were encouraged to say what they needed, that they were involved in reviews and that their views were taken

into consideration. There was evidence in people’s support plans that staff had listened to them and considered, for example, when people needed extra time to make sure their needs could be met. The agency had increased the time for one person as the result of information from the staff member who attended to the person. This meant when people expressed their views staff listened to them and responded to their changing needs.

All the staff we spoke with said they treated people with dignity and respect and gave examples of how they did that on a day to day basis. We asked three staff about individual people that they cared for and they were able to tell us about each person, their needs and how their needs were met. They told us that they had regular people they looked after, which meant they knew about the person and their levels of independence and abilities and were therefore able to provide appropriate and caring support.

Is the service responsive?

Our findings

People we spoke with said the agency was very flexible if they needed to change times. For example if people were unwell or for hospital appointments. One person said: “They follow the care plan but adapt it to how I am,” and another said: “Very considerate and adaptable.” This meant the agency was flexible in its approach and responded to people.

During the inspection there was an emergency in relation to one person who used the agency. Staff in the office ensured the staff member currently with the person remained with them to support them and await the emergency services. They organised other staff to cover the next visits of the staff member to ensure people received their care. They also phoned people who were waiting for their visit to tell them that they would receive a visit but it may be delayed as a result of the emergency. This meant people could be assured that staff responded appropriately and provided the care and support people needed.

Information in the 2013 client satisfaction survey showed that most people felt staff were knowledgeable when they completed the support plans and that the agency was tailored to meet their needs. We looked at the support plans and other documents of five people who used the agency and found they had the necessary detail, which included their preferences and identified needs to enable staff to care for them. Staff were aware of the contents of people’s care plans and told us about the care and support they provided.

All the people we spoke with told us they, or their relative, had been part of writing their needs down and about how their care should be provided. One person said: “The care

plan was agreed with us and my [spouse’s] needs are met. I signed the plan.” Another person said: “The manager came round and listened to us. I signed and understood what was written.” One relative told us that staff knew and understood their family member and that: “They adapt her care to suit her, as stated in the care folder.” This meant people were involved and supported to write about their care needs and that their views were at the centre of the plans.

Information showed that regular monitoring checks were completed, including telephone calls and visits. These were used to review personal plans and to discuss if staff were effectively meeting people’s needs. We saw details in the files of people who used the agency that their care had been reviewed, signed and dated by the person or their representative. We saw evidence that confirmed people had been asked about the staff members who provided their care and people we spoke with confirmed that.

There were a range of methods by which people could raise concerns and complaints about their experience of the care they received. There was a complaints policy and procedure in place in the agency as well as the use of monitoring checks about the staff who provided care to people. People who used the agency and their relatives told us they knew how to make a complaint. One person said: “There’s a complaints leaflet in my folder but I don’t expect to ever need it.” Two people who had each made a complaint told us they were happy with the response and outcome from the agency. We checked the complaints log and saw that complaints had been dealt with appropriately and that where changes for staff were needed action had been taken. People could be assured that their concerns and complaints were listened to and dealt with effectively and that improvements to the service were made.

Is the service well-led?

Our findings

During the inspection one relative told us: “Good company, staff feel they are held in high regard. The systems are excellent.”

Although the 2013 client satisfaction survey showed that 18 out of 19 people were very satisfied with the service provided by the agency, there were some areas of concern that were raised by people. Examples were medication training, office staff were too busy, continuity in care staff and contactability outside working hours. We spoke with the regional manager and asked how the comments and responses, made through the survey, had been addressed. We were told that although individual concerns had been dealt with, there was no evidence of what had been done and no formal plan of action completed to improve the standard of care. Therefore we could not assess if the agency had made improvements as a result. The regional manager said the new 2014 client satisfaction survey had been sent already and the responses were expected over the next few weeks. Improvements were needed in the quality assurance of the agency and the regional manager said the 2014 survey information would be used, and an action plan written, so that any issues would be addressed and recorded to show improvements to the agency.

The provider information return (PIR) showed that quality assurance and other systems were in place, so that any issues identified could be addressed to improve the agency. We saw that office staff had phoned people who used the agency to ask about feedback about the agency. They had recorded comments from people such as: “I look forward to my calls daily” and “I’m very happy with my carers.” There were forms, which were sent to people to

comment about the individual staff who provided their care, in each of the five care files and staff files we looked at. These were based on a 1-10 scoring system (10 being the best) and most forms showed that the staff were in the range of 8-10. The areas covered things such as punctuality, professionalism, communication and experience. Some comments made were: “Very kind to me. Very good and will do anything I ask her” and “Goes above and beyond her care duties. A credit to Prestige.” On each of the people’s files we looked at there were records of regular visits from senior staff in the office, which were undertaken every three months. These showed that some were used as reviews about the support plans as well as monitoring the quality of the agency. We saw that where comments were made they were addressed, which meant systems were in place to improve the agency.

Some staff we spoke with were unable to recall the date of the last staff meeting, but one thought it was at least six months ago, although another said they occurred regularly. We found minutes of the last meeting dated 19 May 2014 and saw that information had been shared with staff about issues with internal communication, recruitment for more staff and information about a new system for staff to clock in and out for people who used the agency. This meant staff could be involved in developing the agency and had the opportunity to get together with colleagues to share information.

Staff told us that they had information on how to complain about the agency or other staff, which is referred to as whistleblowing; but had not had a need to do so. There was evidence in the Prestige nursing and care member (staff) handbook so that staff knew how to raise concerns if they saw inappropriate practice.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services and others were not protected against the risks of receiving care that was inappropriate or unsafe. Regulation 9 (b)(i)(ii)