

Prestige Nursing Limited

# Prestige Nursing – Milton Keynes

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 13 November and 1 December 2015 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 the registered manager would be in. The inspection was undertaken by one inspector.

Prestige Nursing - Milton Keynes, provides personal care to people in their own homes. At the time of our inspection there were 20 people using the service.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers,

# Summary of findings

they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager left the service in February 2015 and a new manager had been appointed and they were in the process of registering as the manager with the Care Quality Commission.

Staff were trained in the safe administration of medicines. However the medicines administration records (MAR) charts in use did not provide sufficient evidence to demonstrate that people consistently received their medicines as prescribed.

Quality management control systems and audits took place to help develop the service and drive improvement. However, where the provider was responsible for the management of medicines this area had not been effectively monitored.

Staff were trained in how to protect people from abuse. They knew how to recognise the signs of abuse and when to use the whistleblowing procedure.

Risk assessments were in place and centred on the needs of the individual. Potential risks to people had been identified and plans were in place to enable them to live as safely and independently as possible.

The staff recruitment systems ensured that staff were safe to work with people using the service. There were sufficient numbers of staff available to meet people's needs.

Staff were aware of people's food and drink preferences and provided sufficient support for people to eat a balanced diet.

Staff received regular training which provided them with the knowledge and skills to meet people's needs. They also received regular supervision and support from their supervisors.

Staff understood the Mental Capacity Act (MCA) 2005 and they were knowledgeable about the requirements of the legislation. Consent was sought from people's before staff provided their care and support needs.

People were treated with kindness and compassion and their privacy was respected. Their needs were assessed and the care plans gave guidance to the staff on how people wanted to be supported. Records showed that people and their relatives were involved in reviews of their care.

A complaints procedure was in place and appropriate systems were in place for responding to complaints.

We identified that the provider was not meeting regulatory requirements and were in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the 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?

This service was not always safe.

The medicine administration records (MAR) charts did not provide sufficient detail to demonstrate people consistently received their medicines as prescribed.

Staff were knowledgeable about the principles and reporting requirements of safeguarding people from abuse.

Risks were assessed and managed effectively.

Staffing levels were sufficient to meet people's needs. Staff were recruited following safe and robust procedures.

Requires improvement



### Is the service effective?

This service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs.

Staff worked in collaboration with professionals in meeting people's social and healthcare needs.

Good



### Is the service caring?

This service was caring.

Staff knew people well and had developed positive relationships with them.

People were treated with kindness and compassion.

Staff treated people with respect and dignity.

Good



### Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

People contributed to the planning of their care.

Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Good



# Summary of findings

## Is the service well-led?

This service was not always well-led.

There was no a registered manager in place. The new manager confirmed they were in the process of registering with the Care Quality Commission. They were familiar with the management systems of the service.

Quality control systems and audits took place to help develop the service and drive improvements. However medicine audits were not effectively monitored.

Staff were aware of their responsibility to share any concerns about the care provided by the service.

**Requires improvement**



# Prestige Nursing – Milton Keynes

## 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 13 November and 1 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the registered manager would be in. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also received feedback from the local authority that commissioned the service.

We spoke with one person using the service and the relatives of two people using the service. We also spoke with the manager, the area manager, the compliance manager, three care staff and one care co-ordinator.

We reviewed the care records belonging to six people using the service. We also reviewed four staff files that contained information about their recruitment, induction, training, supervision and appraisals. We also looked at other records relating to the quality monitoring the service.

# Is the service safe?

## Our findings

People told us they felt safe when staff attended their care; they said the staff knew how to meet their care needs. One person said, "If they [staff] didn't make sure I was safe, I would definitely say something, believe me, they would get a mouthful."

People using the service and relatives confirmed they received their medicines on time and that they had no concerns about how they were being supported by staff to take their medicines. One person said, "They [staff] make sure I have my tablets." We saw that assessments of people's ability to manage their medicines had been carried out to establish the level of support required to take their medicines. The staff told us they had completed medicines training that included medicines administration competency assessments being carried out to ensure they safely administered medicines to people.

On checking medicines administration records (MAR) we found several errors, such as, people's names missing from the MAR continuation sheets and numerous gaps where staff had not signed to evidence they had administered or witnessed when people had taken their medicines. A member of staff told us they also frequently found the MAR charts had not been signed by staff, they said, "I ensure I always check the daily log to check whether the staff have recorded that they have given people their medicines as the MAR charts are not always signed."

We concluded that improvement was needed in the quality of medicines record keeping to consistently evidence that people received their medicines as prescribed.

Staff told us they had received training on safeguarding procedures. One member of staff said, "I would contact the manager straight away if ever I witnessed or suspected any abuse." The staff training records confirmed that safeguarding training was included in staff induction

training. The provider had appropriately informed the local authority safeguarding team and the Care Quality Commission (CQC) in response to concerns of abuse that had come to their attention.

Systems were in place for staff to report accidents and incidents and the manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

Risk assessments were carried out on the home environment and any specific risks posed to staff and the person. We found they outlined key areas of risk, such as falls, medication and manual handling. They included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. We saw the assessments were up to date and reviewed as people's needs changed.

There were sufficient numbers of staff to meet people's needs. People told us the staff arrived on time and stayed for the full length of time as agreed with the agency. One person said, "I always have the same staff." One relative said, "The staff go beyond their duties, they often stay longer, they have people's best interests at heart."

Discussions with the staff confirmed that the provider carried out appropriate checks on their eligibility and suitability to work at the service. We saw that the recruitment process ensured that applicants were suitable to be employed at the service. Written references were obtained from previous employers and proof of identity was obtained to demonstrate the applicant's eligibility to work in the United Kingdom. We saw that enhanced checks were carried out through the government body Disclosure and Barring Service (DBS) this ensured that anyone who was a known risk to work with vulnerable groups, adults and children were prevented from working with them.

# Is the service effective?

## Our findings

People using the service and relatives told us they thought the staff had the necessary knowledge and skills to provide the right care and support. One relative said, “The staff seem well trained, I have never had any cause to think otherwise.” Another relative said, “My husband needs full personal care, I see the staff providing his care daily, they are really good at what they do.”

Another relative said, “My husband has the same staff that attends to his care, I observe the staff help him to move position, they are very careful, they definitely are experienced and know what they are doing.” All the staff we spoke with confirmed they had completed moving and handling training that included both the practical and theory knowledge. They also confirmed they received annual training updates.

We saw that a programme of staff supervision and annual appraisal meetings was in place. The staff said they met regularly for one to one supervision with the manager and attended group meetings /supervision with their peers. Records of the meetings also demonstrated these were carried out on a regular basis.

People told us that the care co-ordinator and the manager carried out unannounced spot checks to observe staff practice and their relationships with people they were supporting. We saw within people’s care files that feedback was sought during the visits and through telephone calls to seek their views about the service they received. We saw the feedback was used to highlight areas of positive performance, as well as areas for improvement.

Staff told us when they first started working at the service they completed induction training. They told us that they had worked alongside ‘shadowed’ an experienced member of staff until they felt confident in their role. One member of staff said, “I worked alongside another member of staff for two weeks before I went out to people’s homes on my own.”

All the staff confirmed they had completed mandatory training such as, moving and handling, health and safety, food hygiene, first aid and medicines administration. One staff member said, “The training is very good, we have

practical training as well as e-learning refresher training every year. I much prefer to do face to face training, as I like learning with other people, I get more out of it, sharing ideas, it’s better than sitting in front of a computer.”

One member of staff said “I completed all of the mandatory training, I have also had training specific to the person I look after.” They said they received training on pressure area care as a person they provided care for was at risk of developing pressure sores. They spoke of the advice they had received from the district nursing service regarding pressure area care, they said, “I was shown simple techniques regarding washing and creaming [names] legs and what to look out for in case of any deterioration and when to contact the district nurse.”

People using the service and relatives told us that staff always sought consent and permission before they carried out any task or personal care. One member of staff said, “I have a good relationship with the people I provide care for, we get on really well. I always explain what I am doing and I respect their decisions.”

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.

Staff told us they had received training on the MCA 2005 and there was evidence of this within the staff training records seen. People’s care records contained assessments of their capacity to make informed decisions and where they lacked capacity to make decisions ‘best interest’ decisions were made on their behalf following the MCA 2005 legislation. For example, best interest’s decisions had been made for people who lacked the capacity to safely manage their medicines.

Staff explained that they provided people with the meals and snacks they had chosen and involved them as much as possible in the food preparation. A staff member told us, “I do help prepare meals and make sure people have enough snacks and drinks.”

We saw that people’s care records had information about their dietary needs and preferences. For example, one person was unable to eat hot foods. Some people

## Is the service effective?

subscribed to 'meals on wheels', and some required minimal assistance from staff to eat and drink, as this support was provided by close relatives. The staff told us when they visited people's homes they checked that people were comfortable and had full access to food and drink.

People were supported to access health services in the community. One member of staff said, "We have a really good relationship with the district nursing team, we communicate with each other very well. If needed we can contact the GP on people's behalf."



# Is the service caring?

## Our findings

People were treated them with kindness and compassion. People said the staff were caring and that they felt listened to and their privacy and dignity was respected. One relative said, "The staff go beyond their duties, they are extremely good." Another relative said, "I can't fault the staff, they are very friendly, they always preserve my husband's dignity when they help him to wash and dress."

The staff were positive about the relationships they had developed with people. The manager told us they aimed to ensure when allocating staff that people saw the same members of staff to allow them to build relationships. They were also mindful that all staff needed to know the needs of all people using the service, in the event they needed to attend to their care.

The service responded to people's needs quickly. Relatives told us the staff had contacted them whenever there were any problems, such as when their relatives were unwell. They felt that staff had acted quickly ensure the person received medical attention when needed.

People using the service and relatives said they felt their views were listened to and that they and their family members were involved in making decisions and planning their care as much as they were able. We saw that people were regularly contacted by the service to seek feedback on the care they received. This was done through telephone interviews, face to face meetings and through completing satisfaction questionnaires.

Privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I always ensure the people I provide care for are washed and dressed in private, I always check how they want their care to be provided and respect their wishes." Staff also understood the importance of ensuring information about people using the service was kept confidential. Private and confidential information relating to the care and treatment of people was stored securely within the main office.

People's independence was promoted. People using the service and their relatives said the staff supported them to remain as independent as they were able.

# Is the service responsive?

## Our findings

People received personalised care that was specific to their needs and they were involved in the planning of their care. Relatives told us that the staff visited their family members at home before a care package was offered. They said that staff listened to what they had to say and took into account their preferences, likes, dislikes and wishes. They also told us that office staff came to their homes to discuss and update their care plans to ensure they reflected their current needs and wishes.

We saw the care plans were regularly reviewed and updated as and when people's needs changed. This ensured that people received care which was safe and appropriate to their identified needs.

Staff we spoke with demonstrated that they had taken time to familiarise themselves with people's care plans. This meant that staff had an understanding of people's needs and wishes, but also of their strengths and abilities. A staff member said, "We work well together the communication between the team is very good."

We saw records that demonstrated the provider carried out telephone and face to face interviews with people and

relatives to seek their opinion of using the service. Comments included, "The staff are punctual," "I would like to be kept informed of any changes," and "I am happy with the staff rota being sent out weekly." One person said that staff had not always worn their uniform; we saw the provider addressed this through raising it at the next staff meeting and also individually during one to one staff supervision meetings.

People were encouraged to raise any concerns or complaints they might have about the service. They were confident that any concerns would be dealt with appropriately and in a timely manner. One relative told us, "I spoke with the manager once about a member of staff that refused to make my mother a ham sandwich, I think it was a cultural thing, they addressed it straight away and it was all sorted very quickly." Another relative said, "The communication is very good. Everything gets sorted straight away so we don't need to 'formally' complain."

We saw that the service's complaints process was included in information given to people when they started receiving care and there were suitable systems in place to record and investigate complaints if they should arise.

# Is the service well-led?

## Our findings

The service did not have a registered manager in post. The registered manager had left employment at the beginning of the year. A new manager had taken up post and had started the registered manager application process with the Care Quality Commission.

Established systems were in place to carry out quality management control checks. For example, audits were carried out on care plans, risk assessments, medicines management, staff records and other records in relation to the management of the service. However we found that, where the provider was responsible for the management of medicines this had not been effectively monitored.

People using the service and their relatives said they and their family members were involved in making decisions and planning their care as much as they were able. Relatives told us that the staff listened to what they had to say and took into account their preferences, likes, dislikes and wishes.

The provider had submitted notifications as required to the Care Quality Commission to inform us of 'notifiable events' under the registration regulations.

The people using the service and the relatives we spoke with praised the caring and professional attitude of the manager and staff. They all expressed satisfaction with the quality of the service provided. People said they felt their views were fully valued and respected. One person said, "When we moved we wanted to stay with Prestige Nursing, we feel extremely lucky that we were able to do just that, we feel the staff are part of the family."

Staff told us that they received regular support and supervision from the manager, they all commented on how approachable the manager was and how they could speak to her for advice and support whenever they needed to. One member of staff said, the manager is extremely supportive, you can go to her with any queries, she will always take time to listen and help in any way that she can".

They told us they believed that staff moral had greatly improved since the current manager had taken up post. They said the manager was dedicated to improving the service, one member of staff said, "[Manager] has got it all, she is a good communicator, she will always make time to see you." Another member of staff said, "[Manager] has a huge passion about her job."

Staff said they felt that they were well trained and supported and were committed to the care and development of the people the service supported. We found there were strong relationships between people and the staff that cared for them, as well as with the manager and the office staff. People said the communication between the staff and the service was effective and any problems were quickly identified and rectified.

The staff told us they were aware of the safeguarding and whistleblowing procedures. Whistleblowing is when staff can raise safeguarding concerns directly with the local safeguarding authority and /or the Care Quality Commission, if they believe the provider is not fully protecting people from abuse. All of the staff we spoke with confirmed that they fully understood their responsibility to raise any concerns about the care people received to the local safeguarding

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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
Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Regulation 12 (1) (2) (g)</b>  How the regulation was not being met:  The provider had not ensured the proper and safe management of medicines