

Prestige Nursing Limited

Prestige Nursing - Blackpool

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place on 10 March 2016 and was announced. This is the first inspection since the service moved to a new location.

The service provides personal care to people who lived in their own homes. They covered a wide range of dependency needs including adults, children, people with a learning disability, people with mental health problems, people living with dementia and older people.

At the time of our inspection Prestige Nursing Blackpool was providing a service to 12 people.

There was not a registered manager in place and had not been a manager registered with the Care Quality Commission (CQC) since April 2015. A registered manager is a person who has registered with 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. Having a registered manager is a condition of registration with CQC. When we did the inspection the service had appointed a new manager.

People we spoke with told us they felt safe. They told us they received patient and safe care and they liked the staff who supported them. They said staff were polite and friendly, punctual and conscientious. There were procedures in place to protect people from abuse and unsafe care. Risk assessments were in place which provided guidance for staff. This minimised risks to people.

People told us they were supported by the same group of staff who they knew and liked. They told us they had confidence in their staff team as they were familiar with their needs and preferences.

Staff supported people with medicines safely. People able to manage their own medicines were encouraged to do so.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. Staff had the skills, knowledge and experience needed to care for people.

Staff supported people to have a nutritious dietary and fluid intake, assisting them to prepare and eat food and drinks as they needed.

Staff received regular training and were knowledgeable how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in making decisions about their care. Their consent and agreement were sought before providing care.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise any concerns.

Senior staff monitored the support staff provided to people. They checked staff arrived on time and supported people in the way people wanted. Audits of care records and risk assessments were carried out regularly. People and their relatives were encouraged to complete surveys about the quality of their care. They told us they were pleased with the support they received.

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.

There were suitable procedures in place to protect people from the risk of abuse.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medication processes were in place to reduce the risks of poor medicines management and where the service administered medicines.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

The registered manager and staff demonstrated their understanding of the Mental Capacity Act.

People were supported to eat and drink and have good nutrition and appropriate healthcare.

Is the service caring?

Good ●

The service was caring.

People were pleased with the support and care they received. They said staff respected their privacy and dignity and they were treated with kindness and compassion.

People were involved in making decisions about their care and the support they received.

Staff knew and understood the likes, dislikes and preferences of people who received care and support. They were aware of and met each person's diverse cultural, gender and spiritual needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. These reflected their preferences, needs and wishes.

Care plans were person centred, involved people and where appropriate, their relatives. Staff were knowledgeable about how to support people according to their preferences.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Is the service well-led?

The service was not always well led.

There had not been a manager registered with CQC in the last year.

Systems and procedures were in place to monitor and assess the quality of service people received. Staff encouraged people they supported and where appropriate, relatives to air their views, suggestions and comments.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Requires Improvement 

Prestige Nursing - Blackpool

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 checked 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 visit took place on 10 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a personal care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 10 March 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people who were supported had been received.

During our inspection we went to the Prestige Nursing Blackpool office and spoke with a range of people about the service. They included the two senior managers, care manager, three staff members. We also spoke with a potential manager who was interviewed during the inspection. We also spoke with two people who used the service and the relatives of six people.

We looked at the care records of three people, training and recruitment records of three staff members and records relating to the management of the service. We contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. We also spoke with the Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

People and their relatives who spoke with us told they felt safe and comfortable with the staff who supported them. They told us they were supported by staff they knew and who were familiar with their needs and preferences. One person said, "My carers are brilliant. It makes all the difference to how I feel." A relative said, "I trust and feel confident in the staff and know [my family member] is safe."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. The staff we spoke with told us they would report any unsafe care or abuse if they became aware of this. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. They explained the actions they would take. We could see they had the knowledge to reduce the risk for people from abuse and discrimination. There had been no safeguarding alerts raised about the service in the previous twelve months.

Risk assessments were in place which provided guidance for staff and assisted them in providing the right care. This minimised risks to people. Risks were assessed for the person as well as for environmental risks in the person's home.

There were procedures in place for dealing with emergencies and unexpected events. People had contact details for the on call rota that people could use in emergencies or if they had unexpected additional care needs. We saw emergencies, accidents or incidents were managed appropriately. Senior staff evaluated the situations for any lessons learnt and shared these with the staff team.

We looked at the recruitment procedures the service had in place. We looked at the recruitment information for four staff who had been employed by the agency. Application forms had a full employment history including reasons for leaving previous employment. We saw evidence that gaps in employment had been explored and recorded. A Disclosure and Barring Service (DBS) Check (formerly CRB check) had also been received. These checks are made by an employer to reduce the risk of employing unsuitable staff. References had been received and all checks completed before the new member of staff was allowed to start work.

When we spoke with staff they confirmed their recruitment had been robust. They told us they had to wait for all checks to be completed before they were given a date to start working with the service. One person said, "They checked everything, references and qualifications and I couldn't start until all the checks had been done." Staff told us they also had thorough induction training.

We looked at how the service was staffed. We did this to make sure there was enough staff supporting people in their care at the times they needed. We looked at staff rotas, spoke with people supported and their relatives and with staff. They all told us the staff support met their needs and the staff stayed the full agreed times.

We asked people and their relatives if staff had enough time on visits to support them as they needed. They said the visits were not rushed and staff had the time to carry out agreed tasks and support. Staff said they were given enough time to provide the care and support people needed at each visit. One member of staff said, "If we found we hadn't enough time to complete care for someone, we would tell the office and they would try to increase this." Another member of staff told us, "We get enough time to travel between visits without constant rushing."

We looked at the procedures the service had in place for assisting people with their medicines. Staff told us they prompted people to take their medicines and were also involved in administering their medicines. Records we checked were complete and staff had recorded the support they had provided people to take their medicines. People told us the arrangements for receiving their medicines were satisfactory.

Staff received medicines training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines.

Is the service effective?

Our findings

People told us staff provided effective support. They told us staff knew and understood their care needs and preferences. One person said, "I have the same care staff each time so they know what I need from them. And they are very good too." A relative said, "We have the same staff team, who have all had the training needed to care for [family member]. They are very capable."

We also spoke with four staff and looked at staff training records. They told us they received training that was interesting and informative. One member of staff told us, "We have frequent training, e-learning then classroom training so we have a chance to ask questions" Another member of staff said, "The training is good. You come away feeling that you have learnt something useful." We saw staff had achieved or were working towards national qualifications in care. Other staff training included; safeguarding, moving and handling, the Mental Capacity Act, equality and diversity, infection control, food safety, first aid, epilepsy and supporting people with complex care. Staff felt this training provided them with the skills to support people effectively, particularly people with complex physical needs.

Care plans seen confirmed people's dietary needs for health or culture had been assessed and any support they required with their nutrition documented. This included staff support to attend healthcare appointments. One person said, "They are so good, so helpful and support me with hospital visits."

Where people had complex nutritional needs, staff received specialised training to support them appropriately. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

Records seen and staff spoken with confirmed they received regular formal supervision. This is where individual staff discuss their performance and development with their manager. Senior staff explained supervisions were carried out in a variety of ways. These were by observing the way a member of staff supported a person as well as one to one formal discussions. Staff told us they were encouraged to make suggestions about improving care, their training needs and any support they needed in their role. They told us they were well supported by senior staff and could 'pop' in the office anytime.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). They confirmed they had received training in these areas and were aware of the need to assess capacity. Senior staff were clear about the process to assess capacity and the procedures they needed to follow.

Is the service caring?

Our findings

People we spoke with told us staff were caring and considerate. They told us they were pleased to with the support they received. One person said, "I am very pleased with Prestige. I know the staff always the same ones. They support me exactly as I want. I have recommended them to others." A relative told us, "I have tried other agencies but they have not been so good. We are well satisfied with Prestige." Another relative said, "I can't praise my carers enough. They are magnificent and not clock watchers. They are always early and leave late if needed."

People told us they were encouraged to express their views about how their care and support was delivered. We looked at three people's care records. We saw people had been involved in developing and updating their care plans. The plans contained information about people's care needs and their likes and dislikes. We talked with staff and saw in records that they were aware of people's individual needs and were person centred in their approach. Staff were aware of and responded to each person's diverse cultural, gender and spiritual needs and met them in a caring and compassionate way.

They supported them in the way they wanted. One person had completed their own care plan giving staff a real insight into their needs and preferences. This formed part of their care records. Where people had complex needs, relatives told us they were involved in agreeing which staff supported their family member and in training staff.

People told us they were confident that the staff who supported them had up to date information about their needs. They said they were encouraged to make decisions about their care and how this was provided. They felt 'their staff' cared for them in the way they wanted. A relative said "[Staff] is professional, fits in so well and respects us and our home. We have an excellent relationship."

Staff had an understanding of people's individual needs around privacy and dignity. People told us staff spoke with them in a polite and respectful way and respected their privacy. One person we spoke with said, "All my carer's are extremely pleasant and courteous. I couldn't do without them." A relative said, "We have the same small group of staff which helps when you are having personal care. They make sure [family member's] privacy is a high priority."

Before our inspection visit we received information from external agencies about the service. They included the Clinical Commissioning Group (CCG) and the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care provided. They told us they were satisfied with the care people received and had no concerns.

Is the service responsive?

Our findings

People we spoke with told us senior staff met with them to make sure they could meet their needs. One person said, "They asked me questions about what I needed help with and what I could do myself." Relatives we spoke with told us that they had been included, and continued to be included in discussions about their family member's care. We saw assessments had been carried out to check staff could meet people's needs before it was agreed to provide care. The assessments were instructive and provided enough information for staff to begin to support people as they requested.

We looked at three people's care records. Care plans had been developed from the assessment carried out earlier. These were informative and personalised. They provided guidance on how staff were to support people with their daily routines and personal care needs. We saw care plans were regularly reviewed and updated in response to any changes in care or circumstances.

People told us they were able to make changes to the care and support they received. We saw from entries in care records, staff had supported and encouraged people to express their preferences. This enabled people to make informed choices and decisions about their care and support. We saw people had expressed when, how and by whom they wanted their support provided. For example one person had been specific about the gender of staff they wanted to support them. Another person told us "We wanted a driver to support me going out. This was quickly arranged." We also saw people had expressed their choices and preferences about their visit times and the level of support they required.

We asked people if staff were on time for their visits and stayed the amount of time they should. People told us that if anything staff stayed longer. People said staff never missed visits and on the few occasions they were going to be late they let them know. One person told us, "The care staff are always on time and stay until the jobs are done, even if that takes a little longer than arranged." A relative said "Our carers almost never late but they let us know if they are even slightly delayed."

People told us the service was willing to change the times of or increase their visits if possible. One relative told us, "We are able to arrange extra visits if we need these and still have the same carers."

We saw the service had procedures in place to respond to emergencies. We talked with people who received a service and they said they could contact the agency whenever needed. One person told us, "We have telephone number that we can ring use anytime. There is always someone 'on call' to speak to." We saw the on call rota in the office that showed who was on call each day.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. When we carried out this inspection no complaints had been referred to CQC or received by the service.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy

about anything. Everyone we spoke with said they were satisfied with the care they received and had no complaints. One person said, "The carers I have are all good. I have no complaints." A relative told us, "I have no complaints. But if I wasn't happy with the way staff did anything, I would tell them. If that didn't work I would speak to the managers."

Is the service well-led?

Our findings

People told us the staff team were approachable and willing to listen to people. They said staff were easy to talk to, were open to discussion and encouraged people to ask questions or raise any concerns. One person said, "If I want anything I ask my staff or ring the office." A relative told us, "It doesn't matter what it is about, if I ask a question they are always willing to help."

The service had not had a registered manager since April 2015. Three managers had been appointed since then but had left the service before becoming registered. When we carried out the inspection senior staff were interviewing for a new manager. They offered one of the applicants the position and they accepted this. We were told they would be submitting an application to be registered with CQC.

People received a service and their relatives expressed concern about the changes of managers. One relative said, "The agency goes through a lot of managers. We want the continuity of a manager not these frequent changes." Another relative told us, "It is a really good agency but the change of managers lets them and us down." Interviews for a new manager were held during the inspection. An applicant was offered the manager post that day.

It was difficult for the service to be consistent with clear lines of responsibility and accountability with three different managers in twelve months. Because of the limited time they stayed, the recent managers were less familiar with the needs of the people they supported. People felt they had not been able to develop professional and effective relationships with a manager.

Manager responsibilities had been carried out as much as possible by senior managers in the organisation and office based staff. Two senior managers worked from the Blackpool office once or twice a week, communicating with each other over any tasks needing completion. This reduced the impact of the changes of manager. However it did not replace the need for a stable management team in place.

The organisation had systems and procedures in place to monitor and assess the quality of their service. Spot checks were carried out by supervisors, while staff were supporting people. These were in place to confirm staff were punctual, polite and respectful. Also that they stayed for the correct amount of time allocated and they were happy with the service. There was also regular telephone contact with people who used the service and their relatives. People told us they felt able to talk with the staff or managers at any time and they would be listened to. Audits were completed by senior managers in the organisation. Audits included monitoring, care plan records, medication support, staff training and supervision and safety in the office. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings were held to involve and consult staff. Staff spoken with told us the team meetings were held on a regular basis. They told us they were able to suggest ideas or give their opinions on any issues.