

Prestige Nursing Limited

Prestige Nursing York

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

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 provide a rating for the service under the Care Act 2014.

The inspection was announced. During the visit we went to the main office in York and then spent time talking to

thirteen people and/or their relatives by telephone to gain their views of the service. We spoke with three staff during our visit and 1 staff member afterwards by telephone.

Prestige Nurse Agency provides support to people of varying ages, both in their own homes and in the community. This includes support with shopping, personal care, eating and drinking. On the day of the inspection twenty people were using the service.

Summary of findings

A registered manager was in place. 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.

People told us they felt safe being supported by staff employed by Prestige Nurse Agency.

Staff were trained in safeguarding vulnerable adults and discussions with staff confirmed they were clear about what to do should an allegation be made. Recruitment records viewed contained the required information. This helped to protect people who were supported by this agency.

People said they knew how to complain and we saw the complaints procedure was included in the service users guide to support people in doing so.

The agency had policies, procedures and systems in place which supported staff to deliver care effectively. People told us they were able to make choices and decisions and were involved in discussions regarding their care records.

Staff received training and supervision to support them in their roles. Staff confirmed the training they received supported them in caring for people appropriately.

All of the people we spoke with told us they were well cared for. They were positive about the staff who supported them. They confirmed that they were treated with privacy and dignity by the staff who supported them.

We found that people's health needs were responded to. Appropriate guidance and support was accessed where required.

People told us they could express their views and opinions and felt listened to by management. Relatives also confirmed this. There were good quality monitoring systems in place to review and develop the service.

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?

We found that the service was safe. People told us they felt safe and well supported by the staff employed to care for them.

The agency had policies and procedures in place which helped to safeguard vulnerable adults and staff confirmed they had received training in this area. Training in the Mental Capacity Act was being provided.

There were enough staff employed which meant that people received care and support which met their needs.

Good



Is the service effective?

The service was effective. People told us they could make choices and decisions about all aspects of their daily lives and said they felt listened to by staff.

Staff understood people's care needs. They were matched to regular clients which meant they knew people's likes and dislikes and understood how people wanted to be cared for.

All staff received training and support to enable them to caring for people effectively.

Good



Is the service caring?

People told us the service was caring. They spoke positively of staff and told us they were involved in decisions regarding their care. They told us they were treated with dignity and respect.

The care records we saw were well written, detailed and were reviewed and updated regularly.

The staff we spoke with had a good understanding of how to ensure people were treated with dignity and the importance of treating people in a respectful and compassionate manner.

Good



Is the service responsive?

The agency was responsive to people's needs. Individual care packages were in place so that people could receive as much or as little support as they needed.

People's health needs were appropriately responded to. Advice and guidance from relevant professionals was sought where concerns had been identified.

People were supported to make decisions and choices. They were involved in discussions about their care and able to make suggestions for improvement.

Good



Is the service well-led?

The service was well led. The agency had a manager who is registered with the Care Quality Commission. All of the people we spoke with told us the manager and staff were approachable.

There were good quality monitoring systems in place to seek the views and opinions of people and their relatives and we saw that any areas of suggested improvement were responded to.

There were arrangements in place for dealing with emergencies which helped to protect people.

Good



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Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited the provider's local office on 22 July 2014. We used a number of different methods to help us understand the experiences of people who used the service. These included talking with people who use the service and their relatives by telephone. We also spoke with staff both in person and over the telephone.

The inspection team consisted 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 service.'

Before our inspection, we reviewed the information we held about the service. This included notifications and the provider information return, a document sent to us by the provider with information about the performance of the service. We contacted the Local Authority Commissioners to ask them for their views on the service.

During our inspection, we spoke with five of the twenty people who use the service and eight relatives. We also spoke with four members of staff and the registered manager.

During our visit we looked at a range of records which included four care plans, four recruitment files, people's medication records and a range of policies and procedures. We also looked at incident reports and staff training records.

Is the service safe?

Our findings

All of the people and relatives we spoke with said that they felt very safe with their carers. One person said; “As I am not mobile, there are times when my carer might be upstairs while I am down. I know I can trust her completely and I feel very safe when she is in the house.” Relatives also said “It is a big relief to know that my Mum is safe at night with good people” and “My sister and I are able to take a holiday now because we know that mum is safe and being properly cared for.”

We spoke with staff about their understanding of safeguarding vulnerable adults. Staff were able to clearly describe how they would escalate concerns throughout the organisation should they identify possible abuse. Staff said they were confident their manager would take any allegations seriously and thoroughly investigate. Staff were up-to-date with safeguarding training, which aims to give them the skills and knowledge to identify and act upon any allegation of abuse.

The agency had policies and procedures in place to help safeguard vulnerable adults. There had been no safeguarding incidents during the last twelve months at this service. However, previously alerts had been correctly reported to the Care Quality Commission and the Local Authority. The staff we spoke with said they would have no hesitation in reporting safeguarding incidents to management.

The manager and staff we spoke with understood the Mental Capacity Act (MCA) 2005 and the importance of making decisions for people using legal safeguards. The manager told us MCA training was currently covered within their safeguarding vulnerable adults training but said they

planned to roll out dedicated training in the subject in the near future to provide existing staff with a higher level of expertise. This training had already commenced for all new staff.

People told us the agency had carried out risk assessments when their care package commenced. We saw evidence of this when we looked at care records. This helped to ensure that risks to people were minimised. There had been no incidents or accidents but the manager showed us the system in place for analysing these to prevent re-occurrence.

We looked at four staff recruitment files. There were rigorous recruitment procedures in place which included a DBS (Disclosure and Barring Service) check and obtaining two written references. These checks help to ensure staff were fit to work with vulnerable people. In addition to employment checks all new staff had to complete training in core topics before they were able to start work.

We saw from care records that risk assessments were completed. Only one person required support with their medicines and this was in the form of verbal prompts from staff. The staff we spoke with confirmed this. They told us they received medication training and we saw competency assessments were completed by their manager. This helped to ensure that people received their medication safely.

People told us there was an emergency on call arrangement. They said the on call worked well and managers always responded. One person said “We have clear arrangements so that we can respond in an emergency. The manager on call is always available.” This helped to ensure that staff were able to respond should an emergency occur.

Is the service effective?

Our findings

People and their relatives told us they received effective care from staff who knew their likes, dislikes and preferences. Comments included; “These girls really know what they are doing. We would be lost without them. They always ask me if I’m alright as well as looking after my relative.”

And “It is good that there are the three main carers both for consistency and also because they don’t need to be told all the time what the needs of my relative actually are.”

Another person said; “I have the same three carers as much as possible which is really good because when I am unwell, which happens sometimes, I don’t have the energy to be telling new people what I need.”

However one person said; “Very occasionally I get somebody different who is ignorant about my particular health problems and I find it very tiring having to explain to them what I need. This doesn’t happen very often though but I do think that people should always be given proper instructions before they come to somebody like me.” The manager told us that they always tried to match people appropriately.

People told us the carers turned up when they were expected. They received a rota so they knew who would be providing care to them. One person said; “The staff are very sensible and completely reliable.”

We looked at four people’s care plans. These are documents which describe what your care and support needs are and how they will be met. Care plans contained information about people’s health needs. This included information about any health condition and any input required from a health professional. Staff working at the agency told us that they had good links with health professionals and were able to access guidance and support where necessary. They gave an example of a physiotherapist who had provided input to one of the people they supported. This provided staff with the guidance and support they needed for this individual. This meant that appropriate guidance and support was accessed where risks to people’s health were identified.

People’s relatives told us they thought staff understood their relatives health needs and would take appropriate action if a health concern was identified. This indicated people were supported to maintain good health and access healthcare services.

Staff we spoke with were able to confidently describe the care the people they supported required. Staff understood people’s care needs. They were matched to regular clients and knew people’s likes and dislikes and understood how people wanted to be cared for. This meant that people received care from people who understood their individual needs and aspirations.

People reported that staff were matched well to them. One person told us where there had been a poor match; management had taken action to address this and had provided more suitable staff. This demonstrated that those being supported were able to have a say regarding the staff who cared for them.

All new staff received a comprehensive induction. New staff were not able to provide any care to people until all of their core training (training which the agency believes is essential for all staff) had been completed. We saw a programme of training was in place for staff. Staff were up-to-date in core training.

The agency had also introduced training in additional subjects. Examples included; continence, mental capacity and nutrition. The manager told us this training was provided to all new staff and was also being provided to all existing staff within the next six to twelve months.

One staff member said; “We get regular training updates. I once cared for someone with diabetes. I received training in this. They (the agency) also support staff in completing National Vocational Qualifications (NVQ’s).”

The staff we spoke with told us they received good support from their manager and received regular supervision. We saw from staff training records that regular spot checks, competency assessments and supervisions were being completed. This helped to ensure staff received appropriate support to carry out their roles effectively. One of the staff we spoke with said; “I get regular supervision and staff come out to assess our competency with various tasks. The management are approachable.”

We spoke with one member of staff who told us they had worked as a carer for fourteen years and had been with

Is the service effective?

Prestige for one year. They said, “This is the best company I have worked for. They really put the needs of clients first which is good. I am constantly being given training and updates so I also feel supported in my work.”

Some people had support from staff to do their shopping and prepare their meals. People told us they received a choice of food. Staff told us that they supported people

with their diets; for example one person was on a soft diet and the staff member supporting them said they always checked that this was provided. Staff told us that people had a choice of what they wanted to eat and staff would support them in preparing their meals where this was required.

Is the service caring?

Our findings

All of the people we spoke with told us that staff were kind, considerate and caring. They were consistent in their praise of the carers they had. The range of people we spoke with was diverse, with some younger people with neurological and/or mobility limiting long term conditions, while others were elderly people with varying degrees of memory loss and/or physical needs. One person said; “The carers are very experienced and respectful – particularly when undertaking personal assistance such as bathing or help with continence.”

Following our visit we spoke to one person who said; “Its first class, my carer is tip top. They are leaving soon but if I get another like her I will be alright.”

We spoke with a relative who said; “My relative’s needs change from day to day but the carers are very observant and nothing seems to trouble them – even when my relative is being particularly challenging.”

All service users and relatives we spoke with told us they were well respected and staff listened to them. One person said; “They (the carers) are really good company for me. I don’t always remember names but there is one that is my favourite. I have three carers but Prestige always try to send the same ones. They see to all my needs very well.”

People’s care plans were personalised and showed an understanding of the individual, and their personality. This included information about the individual and their family, the outcomes people wanted to achieve and things which were important to them. After six months the staff also reviewed what was working well and what if anything,

needed to change. This demonstrated that the service had taken the time to understand the people they were caring for and reviewed and updated their records to ensure the care was consistent and met people’s changing needs.

People signed their agreement to their care records and confirmed they had been involved in decisions about the care and support they required.

Care records were held in people’s own homes with a copy also being held centrally at the main office. This meant that staff could complete records during each visit and they were accessible to people and their relatives.

People told us they were treated with dignity and respect. Staff told us they knew how important this was. One person said; “I always make sure people are covered with a towel during personal care and we never discuss people outside of work. We respect people’s decisions. People are well cared for.” Another member of staff said “We have sufficient times for calls so we don’t have to rush people.”

All staff had access to a company ‘intranet’ (which is an on line resource for its staff). Staff had access to a range of policies and procedures which included equality and diversity and the staff code of conduct. Staff had also received training in topics such as culture and religion and privacy and dignity. The staff we spoke with had a good understanding of how to ensure people were treated with dignity and the importance of treating people in a respectful and compassionate manner. One person told us; “I recently suffered a significant bereavement. The carers have listened to me – even though there is nothing anyone can do – and they have comforted me when I have nightmares.”

Is the service responsive?

Our findings

People told us the agency was responsive to their needs. Comments included; “We always get the rota for a whole month in advance which is really helpful and reassures me that they are forward planning properly.” And “There was one time when one of the carers didn’t really work out so I phoned (the office) and they changed the carer for me. I wasn’t made to feel as though I was wrong or anything and they were really nice and reassuring.” All three relatives we spoke with, told us they had good relationships with the carers and also with the ‘office staff and manager.’ One relative said, “They are all very inclusive and both my Mum and I feel that we are part of a team which is great.”

The manager told us they visited people prior to them accessing the service to ensure that an initial assessment of their needs was undertaken. This was used to determine whether the service could meet their needs. The manager said they would not agree to provide care to a person unless they had skilled staff who could meet their needs. We looked at people’s care records which showed people’s needs had been assessed. Each record contained support plans which detailed the support people required. Support plans contained clear information for example in meeting people’s nutritional and health needs. Care plans were regularly updated to reflect people’s changing needs.

Review visits were carried out to people a week after the service commenced. These visits were recorded and we saw that people were asked what was working well, what needed to change and what outcomes they hoped to achieve. This was reviewed again after six months or sooner if the person had a change in their circumstances.

As the people being supported lived in their own homes, the agency discussed and agreed the support required. This meant support could be with personal care tasks, shopping, cooking or domestic tasks. Staff also supported people with their social activities. One relative said, “These girls really know what they are doing. When X collapsed once, the carer was here and they held them and cared for them while I called an ambulance. We would be lost without them.”

We were told that when people needed more help or if their needs changed and the help they required differed, this was discussed and agreed with the individual. We saw this when we looked at care records. This meant the agency was responsive to people’s individual changing needs.

The service contacted people on a regular basis to check they were happy with the service they received. We saw any comments were logged within care files. The manager told us they routinely spoke with the people they supported or their families and people confirmed this was the case.

There were no formal complaints recorded but a policy was in place setting out how these would be dealt with. Information on how to complain was provided to people in the service user guide. All of the people we spoke with during our visit said that they felt able to talk to the manager or staff about any concerns. People told us that the office staff were very receptive when they made contact and responded to requests quickly. This indicated an appropriate system was in place to listen and act on people’s comments and complaints.

People told us that care staff had supported them in attending appointments where family members were unable to do so. The manager and staff also communicated with other agencies or support services on people’s behalf to help ensure consistency where people received support from more than one care service.

We asked staff what they would do if they attended a call and someone was unwell. They said they would contact the office let them know that they needed to stay with the individual and would access the necessary support on the persons behalf. One of the staff we spoke with confirmed that this had happened. They told us they had rang the agency who had arranged cover for the rest of their calls so that they could stay with the individual until the individual received appropriate medical support.

Is the service well-led?

Our findings

The agency had a registered manager who had been in post for a number of years. 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.

People told us the service was well led. They were positive about the management and administration support they received. All the relatives told us the service was extremely well run with one relative saying; “The carers are always on time and the office staff listen if ever we have to contact them for anything.” One person told us “It’s a pretty decent firm. I have no complaints at all.”

All of the people we spoke with throughout the inspection were universal in their praise for their individual carers and for the organisation as a whole. Staff also confirmed that the manager was ‘always approachable’ and said that it was a good agency to work for.

All staff said they felt well supported and able to raise any concerns they might have in an open way. One told us “I have absolutely no concerns (about the organisation) it’s the best one I’ve worked for.” Another told us “It’s a good agency to work for. We get regular emails and telephone calls to keep us up to date.”

Competency checks were carried out on a quarterly basis for all staff. This meant that senior staff could observe areas of care practice; for example, medication administration or manual handling. This helped to ensure consistent standards across the agency.

Records viewed during our visit were detailed, organised and stored appropriately. This included staff files, staff training and people’s care and support records. The manager had systems in place which supported the smooth running of the service.

We were told that surveys were sent out on an annual basis to seek the views of people. The people we spoke with confirmed this. In addition, regular visits were carried out by the management to people in their homes and telephone interviews were completed regularly to seek

people’s views. We saw records to support this during our visit. The comments within these were positive and we saw where suggestions for improvement were made, they were responded to. This demonstrated that the agency had robust systems in place to seek the views of those they supported.

We looked at how risks were managed. None of the staff held keys to access people’s homes. Some people did have a key safe but this was for access in an emergency only. Risk assessments were included in people’s care records. This included risks to the environment, risks to individuals for example, pressure area care or falls risks. We also saw risk assessments for infection control which stated the need for personal protective equipment (PPE) to be worn. Risk assessments were signed by the individual and were reviewed and updated on a regular basis or as people’s needs changed. The people we spoke with confirmed that Prestige had completed full risk assessments when their care package commenced.

There were a number of quality monitoring tools in place which we were shown during our visit. This included a data management system which was a computerised system used to record information about the service which was then analysed. In addition there were quality audits completed by internal management. This resulted in a report highlighting any required improvements which were then followed up to ensure they had been completed.

We were told that the organisation had a quality and compliance manager who monitored their internal policies, procedures and systems to ensure they were in line with current legislation.

We asked to look at incident and accident analysis. We found from the records we observed that no recent accidents or incidents had taken place so we were shown the management tool which was in place should they occur. This tool, if needed, helped to minimise risks to others.

We spoke with partner agencies prior to our visit. They confirmed the agency sought advice when necessary and worked well with other key stakeholders. This helped to ensure that important information could be shared where necessary.