Prestige Nursing Limited

Prestige Nursing – Chingford

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

Summary of findings

Overall summary

Prestige Nursing – Chingford provides personal care for people in their own homes some of whom may be living with dementia. They also provide 24 hour support to people, mainly elderly people in their own homes. At the time of this inspection, 47 people were using the service.

There was a manager at the service who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission 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.

The service had safeguarding and whistleblowing policies in place and staff knew what action to take if they suspected someone was being abused. Safe recruitment checks were carried out. People had risk assessments carried out to ensure safe care was provided and potential risks were minimised. There were systems in place to ensure people were supported to manage their medicines safely.

Staff were supported with regular training opportunities and supervisions. Staff were aware of their responsibilities around the Mental Capacity Act (2005) and when they needed to obtain consent from people. Staff supported people with meal preparation and were aware of people's nutritional needs.

People and their relatives said staff respected their privacy and dignity. Staff demonstrated they were knowledgeable about encouraging people to carry out tasks independently when they were able. Staff were knowledgeable about providing care in a personalised way and knew about people's needs and preferences. People and their relatives knew how to make a complaint and complaints were dealt with in accordance with the policy.

The provider had systems to check the quality of the service provided. People and their relatives were asked for their views about the service. Staff had regular staff meetings to receive updates on the service.

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. Relevant recruitment checks were carried out for new staff and criminal record checks were up to date.

The service had a system to ensure there were no missed calls.

People had risk assessments in place to ensure risks were minimised and managed.

There were appropriate arrangements in place for the administration of medicines to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People and their relatives were happy they were receiving their service from skilled carers.

Staff were supported because they received regular supervisions and training opportunities.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were aware of when they needed to obtain consent from people.

Staff knew how to meet people's nutritional and hydration needs.

Is the service caring?

Good

The service was caring. Staff demonstrated a good understanding of people's needs.

People and their relatives thought staff were caring and respected privacy and dignity.

Staff were knowledgeable about how to help people to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and were written in a person-centred way. Staff knew how to deliver care in a personalised way.

People said they were happy with the care they received because staff had been working with them for a long time and were aware of their preferences.

People and relatives knew how to raise concerns or make a complaint. There was a complaints policy contained on people's files kept in people's homes. Complaints were recorded and responded to in accordance with the policy.

Is the service well-led?

Good

The service was well led. The provider had systems in place to obtain feedback from people and to audit the quality of the service provided. These systems included feedback surveys, telephone monitoring, spot check visits and provider quality audits.

The service had regular meetings for office based staff and care staff.

Prestige Nursing – Chingford

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 18 and 19 February and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in. This was the first inspection since the provider had registered at this address in September 2014.

The inspection team consisted of one 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the evidence we already held about this service. This included the last inspection report from the visit at the provider's previous address and notifications the provider had sent us.

During the inspection, we spoke with the regional manager, the manager, three care staff, two people using the service and four relatives. We reviewed five care records, four staff files, and records relating to the management of the service, including medication, staff training and quality assurance.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. For example, one relative told us, "Yes always enough staff to help. [Relative] has two carers four times a day and it always happens." At the time of this inspection the service employed healthcare assistants and did not have any qualified nursing staff. The manager told us they had an on-going advert for recruiting nurses so they would be able to offer nursing care to people. The service had no missed calls since the manager had taken up employment at this service in 2015. The manager told us the service had an electronic call monitoring system where staff logged in and out by telephone at the start and end of each visit. The manager said that if a staff member failed to log in, an alert was sent to the on-call manager so they can follow this up and if necessary send a replacement carer.

The service had a recruitment and selection policy. We saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, had produced confirmation of their legal entitlement to work in the UK and had been given written references. We also saw staff had criminal record checks carried out to confirm they were suitable to work with people and there was a system in place to get regular updates.

The service had comprehensive safeguarding and whistleblowing policies which gave clear guidance to staff about how to recognise abuse, the action they should take if abuse was suspected and how to whistleblow. The policy stated that staff should receive safeguarding training as part of the induction process and this should be updated every two years. Records confirmed that staff received training in line with the policy.

Staff were knowledgeable about how to report concerns and how to whistleblow. For example, one member of staff told us whistleblowing is when, "You are telling what's going on." Another staff member told us, "If you see something is happening that shouldn't be happening, then you report it to social services, the police or CQC."

People had risk assessments documented in their care plans to assess the safety of delivering care in the person's home. For example, it was documented that one person may exhibit behaviours that challenge services so guidelines were in place for how to mitigate the risks. Another care record showed the person had a risk of falling due to poor balance and instructions were in place for staff to encourage the person to use their walking frame. Records showed that risk assessments were reviewed at least every six months and were updated as required.

Appropriate arrangements were in place for the safe management of medicines. Staff had up to date training relating to medicine awareness and administration. The service had a comprehensive medicines policy which gave clear guidance to care and nursing staff of their responsibilities regarding medicines management. Medicine administration records (MAR) were kept at people's homes and were brought to the office on a monthly basis for the manager or care co-ordinator to check. Records were completed and signed appropriately. For example, one person had been admitted to hospital for a few days and the missed medicines during this time were clearly accounted for on the MAR sheet.

Good

Is the service effective?

Our findings

Relatives and people who used the service told us they felt their needs were being met and said, "They are good carers", "I am well satisfied with the service" and "They are all very nice people and my [family member] is very satisfied." One person told us, "They do what task they have to and they don't control without asking."

Staff confirmed they had regular opportunities for training and skill development both in a classroom setting and through e-learning on the computer. We saw from certificates in staff files and the training matrix that staff completed 19 modules including moving and handling, end of life, medicines, infection control and health and safety.

Records showed that staff completed an induction when they first joined the service before they began working with people. The manager told us and records confirmed that new staff were expected to complete the care certificate. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. The manager told us that depending on previous care work experience, a new member of staff would shadow more experienced staff for at least 25 hours. Staff confirmed they shadowed experienced staff as part of their induction.

The service had a supervision policy which detailed the supervision process and specified that staff should expect two supervisions a year. Staff confirmed they received regular supervisions and records showed these happened at least twice a year. The manager confirmed that they also observed staff at work through quarterly visits to people's homes and if there were any issues these were dealt with through the supervision process. Records showed that this was the case.

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. We checked whether the service was working within the principles of the MCA and found that it was. Staff demonstrated their awareness about when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. Records showed that people had agreed to their support plan by signing a consent to care agreement form.

Care plans included people's nutritional and hydration requirements and preferences. One relative told us that their family member was on prescribed nutrition by the GP and staff gave food through a syringe into the mouth. Staff confirmed that they helped people with meal preparation and demonstrated awareness of different nutritional requirements. For example, a staff member told us they made sure they did not put sugar in one person's tea because they were diabetic and that they prepared soft food for another person

because this was their choice.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person told us "They wouldn't be doing the job if they weren't caring, I'd send them straight home." A relative told us, "Yes all the staff are caring, they listen to me and my brother."

Staff told us how they developed positive caring relationships with people using the service. For example, one member of staff said, "Both got the same interests, we both like football, same sense of humour, I read [person's] care plan." Another member of staff told us they, "Chat to them so they trust you and are not scared of you." One person told us, "I'm very happy with my agency, I want to stay with them." This person told us their care staff knew their preferences and what they needed because they had been working with them for a long time.

A relative told us, "When my mother was able to make a choice they always asked." People told us staff gave them choices. One staff member told us the person's family would leave notes for them or they would ask the person what help they wanted. Another staff member told us they had been working with one person for a long time so knew their preferences and how they liked things to be done.

People and their relatives told us staff respected their privacy and dignity. For example, one person told us, "Yes they are respectful of me." A relative told us their family member, "Can do nothing for [themselves] anymore. They [staff] respect dignity and privacy." Records showed that staff had received training in dignity in care. Staff were knowledgeable about promoting people's privacy and dignity. One member of staff told us when helping a person with personal care they, "Make sure there's no curtains open and cover [person] up." Another staff member described when they are giving personal care to a person and a family member is present they ask them to leave while they carry out the task and, "When I have finished, they can come back in the room."

The provider had an autonomy and independence policy which gave guidance to staff on promoting independence. Staff were knowledgeable about how to enable people to maintain their independence. For example, one staff member told us they, "Include [person] in everything you are doing and say, 'Come and help me'."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about giving personalised care. For example, one staff member told us, "It's what the person needs to be done, what they prefer." Another staff member told us it is when a person says, "This is what I want you to do or can you do it this way or that way." One person told us, "Yes, they provide the care in the way I want it." A relative told us, "They always want to get it right."

We reviewed people's care files and found they were comprehensive. Care records showed the manager or care co-ordinator carried out an assessment of a person's needs before agreeing to provide the service to make sure that the person's needs could be met. People had a personal profile sheet which gave a summary about the person's history and their character. Care plans included a timetable of visits, what needed to be done to assist the person how to achieve this. We saw care plans were written in a person centred way which reflected people's likes, dislikes and preferences.

Care records contained blank charts for staff to record important information such as fluid and food intake. We saw these were completed as appropriate and were up to date. Staff completed a care report at the end of each visit so that the next member of staff visiting would be aware of the current situation of the person. We saw that care plans were updated as required when changes to need occurred and were reviewed as least every six months.

People and relatives were aware of the procedure to follow if they were not happy with the service and said they would speak with the manager. A relative told us that the staff in the office were easy to talk to and if they could share any concerns they had, "If we all consider the concern is big enough they will call a meeting for my brother and I to come down." This relative told us about a time when the carers were arriving up to an hour late, "We had a meeting and it was agreed [time of arrival], and so far it seems to be working." This demonstrated that complaints were resolved by the provider to people's satisfaction.

The provider had a clear comprehensive complaints policy which included details of the timescales which people should expect their complaint to be responded to and resolved. We reviewed the record of complaints and saw two complaints had been made since this location had began to operate. One complaint was from a member of staff who was not happy about the times for working they were offered. We saw these issues were resolved as new branch staff were appointed and the complainant chose not to take the complaint any further. Another complaint was from a person using the service who accused a member of staff of taking a pair of boots. We saw the complaint was resolved because the boots were found within the person's home and no further action was necessary.

Good

Is the service well-led?

Our findings

People and their relatives gave positive feedback in the 2015 feedback survey. We reviewed the 17 responses received back by the service. One relative had given feedback that they wanted more routine contact to receive regular updates. We saw the response to this was to include the relative in the telephone monitoring process.

The provider had a system of obtaining verbal feedback from people using the service through telephone monitoring calls. Records showed these were carried out every six months by the manager and the care co-ordinator for people whose care was funded by social services or who funded it themselves. We saw telephone monitoring calls were carried out every three months for people whose care was funded by the health service. Comments made by people during these calls included, "My carers are fantastic. They are professional", "Prestige go the extra mile, [they are] next to none", and "I am very happy with my carers and the service." One person mentioned the care workers should clear up after themselves at each visit and records showed this was raised with the staff involved.

The provider also carried out two staff spot checks annually by visiting people at home and observing how the staff member worked. Reports of these visits showed that people and their relatives said, "Family very happy with the care" and "No complaints only compliments to all." One person had stated, "I am very sad that the service is coming to an end." We spoke to this person about this and they explained there had been a change in the local authority funding arrangements so they would be transferring to a different service provider.

The provider had regular staff meetings every two months and we reviewed the record of the meetings held on 25 November 2015 and 26 January 2016. Staff confirmed they attended these meetings. We saw the topics discussed included availability of staff, completion of timesheets, personal protective equipment and training. We saw the branch office staff also had regular meetings every two months and we reviewed the record of meetings held on 14 December 2015 and 8 February 2016. Topics discussed included, existing and potential customers, recruitment, training and office orders.

The provider carried out annual audits. We reviewed the most recent audit which had taken place on 7 April 2015. The audit showed the regional manager had checked staff files, care records, staff meeting minutes and the electronic call monitoring system. We saw any gaps were highlighted and passed onto the branch office staff to rectify. Records showed that identified actions had been taken. This meant there were systems in place to monitor and improve the quality of the service provided.