

Prestige Nursing Limited

Prestige Nursing - Leicester

Inspection report

17 Bath Street
Ashby De La Zouch
Leicestershire
LE65 2FH

Tel: 01530415000
Website: www.prestige-nursing.co.uk

Date of inspection visit:
06 November 2018

Date of publication:
21 December 2018

Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

We inspected the service on 6 November 2018. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and the manager is often out of the office supporting people or staff.

Prestige Nursing Leicester is a domiciliary care service providing care and support to people living in their own homes. The office is based in Ashby de la Zouch Leicestershire. The service provides support to people living in Leicestershire and surrounding towns and villages. They support people with a variety of care needs including physical disabilities, learning disabilities, palliative care and general care. At the time of our inspection there were 77 people using the service.

At our last inspection on 28 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good but there had been a deterioration in 'safe' which was rated as 'requires improvement'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had deteriorated to requires improvement for 'safe' because people told us their care calls were often late. The registered manager had already identified and begun to resolve this issue. People were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. People did not have any undue restrictions placed upon them. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Lessons were learned when things went wrong and learning was used to continually improve.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. Staff were able to identify when people were unwell and took appropriate action. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. Staff knew and understood people's needs

well. People received opportunities to follow their interests and hobbies. There was a complaints procedure and action had been taken to resolve the complaint and to learn and improve where this was possible.

The service continued to be well led. People and staff felt supported by their managers. There were effective systems in place to monitor the quality of the service. There was an open and transparent and person-centred culture and good leadership. People were asked to share their feedback about the service and action was taken in response.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service had deteriorated to 'requires improvement' because people told us their care calls were often late.	Requires Improvement ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Prestige Nursing - Leicester

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 comprehensive inspection took place on 6 November 2018 and was announced.

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.

Prior to this inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent in to us by the manager, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

Before our visit, our expert by experience undertook telephone calls to 12 people who used the service and five relatives. On 6 November 2018 we spoke with the registered manager, a business manager and one care worker. We looked at the care records for three people who used the service. We also looked at other records relating to the management and running of the service. These included two staff recruitment files, training records and a range of records relating to the running of the service including audits carried out by the manager.

Is the service safe?

Our findings

People were not always supported by sufficient numbers of staff. The registered manager had identified an issue with staff running late and not arriving at the agreed time. They had taken action to resolve this such as employing a new care co-coordinator and reviewing and making changes to the rota to ensure staff had time to get to their next call. However, these changes had not been fully embedded because the majority of people we spoke with told us staff arrived late nearly all of the time. One person told us, "I have a call every night and the carers are never on time it doesn't really work for me but I know it's not the carers fault as they have so many calls to fit in each day. "

People did feel that the staff had the right mix of experience and skills. One relative told us the carers were trained before they come by the nurse at Prestige, this gave them real confidence in the staff's ability to care for their relative, especially if they needed to go out while staff were there. Staff were recruited in a safe way and checks had been carried out with the disclosure and barring service to ensure that staff had clearance to work with children and adults.

There were systems and processes in place designed to protect people from abuse. People told us they felt safe. One person said, "Yes I do feel safe with my carers, they really all know what they are doing I think this is because I have the same girls nearly all the time and we have got to know each other really well." People told us about security arrangements at their property and felt confident that staff always followed safe procedures regarding this.

Staff had received training about protecting people from abuse and harm. Staff knew how to recognise the signs of abuse and how to report it including contacting other organisations such as the local authority safeguarding team and the CQC. A staff member told us how they had raised concerns about people's safety and action had been taken to reduce the risk. They felt confident that their managers would always listen and take action.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, the risk of developing pressure sores was assessed as was the use of equipment such as hoists and oxygen cylinders. Where risk was identified staff knew what action they should take such as moving people's position and using specialist pressure relieving equipment. Staff knew how to manage challenging behaviour, they knew the things which may trigger distress and care plans instructed staff how best to manage this in a safe way.

People received their prescribed medicines safely. Assessments were carried out to identify the level of assistance required with medicine management. Staff had received training about this and this included one to one training about specialist techniques for medicine administration. Staff had their competency assessed and managers monitored records to ensure that staff were following safe procedures. Records seen were accurate and completed correctly. Staff had taken advice from doctors and pharmacists where this was required.

Staff had received training about infection prevention and control and told us they had all the protective equipment such as gloves and aprons available to them. Staff knew when to report illness which posed an infection risk and gave us examples of the measures taken to reduce the risk of infection such as staying off work and their managers had been supportive of this.

Lessons were learned when things went wrong and improvements were made. Process errors in the office had resulted in three missed calls. Changes were made to reduce the chance of this happening again.

Is the service effective?

Our findings

People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met. This included people's physical, mental health and social needs and this information was used to develop the plan of care. Qualified nurses employed by the service and commissioners of care were involved in these assessments and ongoing reviews. This meant that care and support was evidence based and in line with legislation. A clinical team leader from the commissioning group told us they had regular contact with the team and regular meetings to review the care provided.

Staff had the training they required to do their jobs and also received supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Staff confirmed they had received the training they required and could also request additional training. A staff member told us they had achieved a nationally recognised qualification in care and were working towards another, higher qualification in care. The registered manager told us the provider had recently employed an 'admiral nurse' to provide advice and guidance about dementia care. This meant that staff had access to up to date guidance and advice about dementia care. Qualified nurses were supported to maintain their professional qualification and had access to the training and support they required.

People told us that staff had the skills and knowledge to support them in an effective way. One person said, "I am very happy with all my carers they are all very well trained in fact they are my guardian angels ". A relative told us staff understood their relatives needs and knew how to support them.

Where it was required, people were supported to eat and drink enough and have a balanced diet. One person said, "My carers make my meals each day I always have what I want and my house is always left clean and tidy when they have gone". Staff knew about people's individual dietary needs, likes and dislikes. Some people could not eat or drink safely and required specialist feed regimes. Staff had received training and had their competency assessed before they were able to provide this type of support.

Records were maintained to check that people had enough nutrition and hydration. People had access to the healthcare services they required such as doctors, dieticians and speech and language therapists. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell. Staff requested healthcare support when this was needed and followed the advice given. Staff gave us examples of when they had alerted their manager because a person was unwell, they told us that advice had been sought from a healthcare professional promptly.

Consent was sought before care and support was provided. 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 always presumed people had capacity to make decisions and would always respect their wishes. The registered manager and business manager showed us new policies about the MCA and said these were being incorporated into the

care planning process so that decision specific mental capacity assessments could be carried out.

Is the service caring?

Our findings

People were treated with kindness and compassion. People spoke highly of the staff and felt they were cared about. Comments made included, "I couldn't ask for any better care from the carers who visit me I feel it's more than a job to them my girls really care". "Chat we never shut up from when she comes to when she goes again its like having my friend look after me". "It's more than a job to the staff who come I do believe they really do care about me nothing is ever a trouble and I know they all worry when they can't arrive on time". A relative said, "Its lovely knowing that [name] is being looked after by such nice people it puts my mind at rest with me being so far away."

People said they were involved in making decisions about their care and support. Where possible people were involved in developing their care plans and these included the things that were important to people. One person said, "Yes I have a care plan its filled in every time the carers come and it's just been all updated they came from the office just last week to review it." A relative said, ""I am very happy with how all the carers treat [name] they are very gentle when they move them and even though we are not sure how much my relative understands the staff constantly explain what they are doing all the time." Another relative explained how their relative could display behaviour which may challenge and said the staff always included and encouraged their relative to choose their own clothes and meals and encouraged them to eat in a sensitive way. Staff had time to spend with people. The registered manager told us that their call times were a minimum of one hour. They told us that some people did not see anyone else except for their care staff and that shorter calls did not allow their staff the time they needed to spend with people.

Privacy, dignity and independence was respected and promoted. One person told us, "When I am being helped in the shower all the carers keep me covered as much as possible." Staff had received training about protecting people's privacy and dignity and were able to give us examples of how they achieved this. A staff member said, "I treat people with respect and in the way I would like to be treated." Care and support plans instructed staff how to protect people's privacy and dignity while carrying out care and support. Staff knew about keeping information about people secure and confidential. Recent changes had been made to the process of transporting records from people's home's to be checked and archived in the office to make sure the information was protected in line with the General Data Protection Regulation.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and or their relatives were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. This was particularly important when people were unable to tell staff verbally about what they wanted. For example, one person's care plan recorded, 'Once all my personal care is finished, please pull my duvet up to my waist and give me my scarf.' A staff member knew about this person's preferences and told us how important it was to give this person their scarf because they found it comforting. Another person's records instructed staff not to bring the mobility hoist into the room until they were ready to use it because this would cause the person to become distressed.

Where possible consistent teams of staff were allocated to provide care and support. This meant that staff were able to get to know people well and understand their needs and preferences. One person said, "I have had the same carers for years and I sometimes think they know me better than I know myself." Staff knew about people's cultural religious needs and took these into account when delivering care and support.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. Care and support plans recorded the things that were important to people and the things they liked to do. One person was supported to cook and attend a gym. Some people liked a particular type of music and staff made sure this was available to them. A newsletter was sent to people and relatives to communicate any changes or important events. The registered manager told us they were mapping out the availability of services with facilities that were accessible to people with disabilities. This was to assist people to access facilities in their community.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Information was available in accessible formats such as easy read or large print. The best and most effective way to communicate with people was recorded in care records. For example, one person used facial expressions and verbal sounds other than speech to communicate their needs and staff understood this. Staff were instructed to speak to people in a calm and soft voice. Some people used assistive technology to help them communicate such as I-pads and communication boards.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that the registered manager had taken action to investigate a complaint and had resolved the concern. People knew how to make a complaint and who to speak with. Concerns and complaints were used as an opportunity to learn and improve. The process for sending out the weekly rota was changed as a result of a complaint to ensure they arrived at a time to suit the person who used the service.

People's preferences and choices for their end of life care were recorded in their care plan. Staff told us how they had supported people at the end of their life. Healthcare professionals such as Macmillan nurses were involved where this was required. The registered manager told us that a member of the care staff had been nominated for 'member of the month', because of the care and support they provided to a person who was at the end of their life. They had been nominated by three separate family members.

Is the service well-led?

Our findings

There was a registered manager. 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

There was a clear vision and set of values shared by managers and staff. The culture at the service was person centred, open and inclusive. Managers and staff were highly motivated and passionate about their jobs and took every opportunity to improve. A member of the care staff told us they loved their job. They explained how important it was that people had their needs met and were happy. They told us how supportive their managers were and how they had requested additional training so they could offer care and support to people with complex care needs. The service was supported by the provider. There were specific people and teams that the manager and staff could refer to for support and guidance, such as the regional manager, head of nursing and the quality team.

People and staff were engaged and involved in developing the service. People were asked for their feedback during their three-monthly reviews or telephone quality monitoring reviews. One person had felt a staff member did not interact with their relative as well as others so changes were made to the staff team as a result of this feedback.

Success and innovation was encouraged through a scheme known as 'member of the month and carer of the year'. Staff were nominated by people who used the service and other staff and the winners were rewarded with prizes. Staff feedback was sought through staff meetings and there was a suggestion box. Staff were listened to. A staff member had suggested changes to the maps used to plan their routes so that these were more local and travel times more accurately estimated.

Systems were in place to monitor the quality and performance of the service. Earlier in the year the registered manager had identified issues with communication and had suspended taking on any new care packages while work was carried out to resolve the issues. Staff had their practice observed as part of their ongoing supervision and support. There was also a 'spot checking process'. When staff performance issues were identified, this triggered a series of further training and spot checks so that improvements could be made.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.