

Prestige Nursing Limited

# Prestige Nursing Bristol

## 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

About the service: Prestige Nursing Agency is a service that provides personal and nursing care to people in their own homes. It is not registered to provide accommodation to people.

The agency specialises in supporting people with complex physical conditions and disabilities

People's experience of using this service:

- The service had a very experienced 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.
- There was also a care manager who took management responsibility for matters related to the care needs of people who used the service.
- The team and people we spoke with were very positive about the managers. People benefitted from an outstandingly caring service. People and families all told us how they were treated with exceptional kindness, compassion and total respect.
- The service was caring and supportive to people. People were very well supported to live meaningful and fulfilled lives. Families and people felt full confidence that people's changing needs would be met.
- Staff were described as compassionate and they demonstrated empathy, understanding and warmth. Staff had an enhanced knowledge of the people they cared for. Feedback from people and their relatives was extremely positive.
- We received really positive feedback on how staff were supportive, as well as how staff went the extra mile to get care just right for people. One person told us, "Yes they are brilliant; they accommodate me in every way." Another person said, "They are very lovely with my daughter." A further comment was, "They are part of our family now."
- The values of the service were embedded in the service and its staff. People and staff felt respected, listened to, and empowered. There were many ways that the service went that extra mile to exceed people's expectations and hopes for the service. For example, they held regular social days and invited everyone who used the service and their relatives and friends to come. Feedback showed this significantly improved people's physical and emotional wellbeing and reduced their risk of isolation.
- People received personalised care and support specific to their needs and preferences. People and

families decided who provided their care and support and when. Each person was fully respected as an individual, with their own social and cultural diversity, values and beliefs. People had their human rights upheld. People had care plans in several different formats to suit their needs.

- The whole service has continued to have a good track record at providing a very good service. The service ensured people remained at the heart of the local community with community links. There were different community groups that people regularly went to.
- Staff were motivated and proud of the organisation. Staff said the service was very friendly and supportive. The staff felt the culture was positive from the top to the bottom. There were high levels of satisfaction across all staff.
- People continued to receive safe care and support from staff who understood their responsibilities to manage risks and report concerns. This was where there were any issues relating to people's safety.
- Medicines were managed safely. Care calls were closely monitored. This was to make sure people did not experience missed visits. People, their relatives and healthcare professionals told us they were happy with the care and support.
- The manager led the team by example, showing strong, positive inclusive and creative leadership. The manager and team focused constantly on driving up quality in the service and creating very positive outcomes for people.
- The service had a culture that respected and valued people and staff. Ways to continually improve the quality of care were always being looked at. This was to ensure high quality outcomes for people.
- Staff said communication was very good from senior staff and they felt valued. Staff were positive about the support and training opportunities. Staff were supported to gain skills and knowledge to understand how to meet people's needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff were supported to gain skills and knowledge to understand how to meet people's needs. Staff had a caring approach to their work and the service had a strong, visible person-centered culture. This meant people were at the centre of how the service was run.□

Rating at last inspection:

The service was rated Good at the last inspection

Why we inspected: This was a scheduled inspection planned based on the previous rating.

## 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 was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Prestige Nursing Bristol

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

The service is registered to provide personal and or nursing care to people in their own homes.

The service specialises in supporting people with complex health and medical conditions to stay in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service five days' notice of the inspection site visit because we needed to make sure that people could speak to us. We also visited the office location on 19 February 2019 to see the manager and office staff, and to review care records and policies and procedures.

The inspection was carried out by two inspectors and an Expert by Experience( Ex by Ex) . An Ex by Ex is someone who has personal experience of using services. Our Ex by Ex had experience of Homecare Services.

What we did:

Before our site visit we looked at information we held about the service. This included previous inspection reports and notifications sent in by the provider. Notifications are incidents the provider is required by law to submit to CQC.

We asked for a Provider Information Return (PIR) before our visit. This is a form asking the provider to give

some key information about the service, what the service does well and improvements they plan to make.

The inspection:

We interviewed by telephone 10 people who used the service and four relatives. During the inspection we spoke with the registered manager, a care manager, a nurse manager, and a coordinator. We also spoke to two supervisors and five care workers.

We also received feedback from a health care professional.

We looked at four people's care records, four staff files and a range of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to receive a service that was safe. People told us they totally felt safe being cared for by staff. One person said, "Yes because my daughter is very happy with the carers".
- Relatives' comments included, "Totally, they (my sons) and I trust the carer implicitly", "Yes absolutely because it gives my relative confidence", "Totally, my relatives and I trust the carer implicitly" and "Yes absolutely because it gives my relative confidence".
- There were systems in place to minimise the risks to people from abuse. Staff had received training in how to recognize and report abuse.
- Staff had clear understanding of what abuse was and how to report it.
- Staff were confident concerns reported would be investigated and action taken.
- When allegations were made the manager worked with relevant authorities to ensure issues were investigated and people kept safe.

Assessing risk, safety monitoring and management

- To help people know who was coming to see them people were sent a weekly rota.
- The service aimed to arrive within 15 minutes of the visit time.
- People told us staff were punctual and always stayed for the full visit.
- If staff were late or there were staff changes, people said the office contacted them.
- Care staff worked in small geographically based teams to give continuity of care.
- There was an on-call system that provided people and staff with out of hours support and advice.
- The care coordinators had an alert that told them if there were late visits.
- People said there had been no missed visits.
- Each person had a risk assessment about their care needs and environment.
- There was also clear information about how to move and handle people safely.
- There were risk assessments for people who required support with meals.
- There were detailed environmental risk assessments. These detailed where gas meters were located, escape routes for use in an emergency, and how to adjust heating controls.
- There was a business continuity plan in place to keep people safe in a major emergency.

Staffing and recruitment

- There continued to be thorough and robust systems in place to ensure staff were fully checked and safely recruited.

## Using medicines safely

- People's medicines were managed safely.
- When needed care workers offered guidance and prompts to help people.
- Care records included information about how to manage people's medicines arrangements.
- All staff had received training about safe management and administration of medicines.

## Learning lessons when things go wrong

- Management and the staff team learned and developed after events.
- There were 'live' and ongoing systems in place to monitor and learn from incidents and accidents.
- Staff made detailed records of incidents and accidents, which were checked by managers.
- The manager looked for themes or patterns to take preventative actions.
- Where there had been errors, for example around medicines, these were swiftly picked up and addressed.

## Preventing and controlling infection

- Staff were trained in how to prevent and control infection.
- There were checks on staff to make sure they wore protective clothing when needed.
- Staff had guidance to follow to know how to minimise infection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective care and support because staff had the skills and knowledge to meet their needs.
- People were positive. One person told us, " Yes I do think they are effective especially when comparing with another agency". Further feedback included, "Oh yes definitely they are effective, and they have a very good rapport with my relative. "
- Staff were well trained.
- All the team had been on a thorough induction programme. This was to give them skills to care for people effectively.
- Staff were motivated to provide a high-quality service.
- Staff worked in small local teams managed and supported by a supervisor.

Staff support: induction, training, skills and experience

- People were supported by well trained staff who felt confident in meeting and understanding people's needs.
- There was support for staff to help to develop their knowledge and skills.
- New staff were supervised and well supported to ensure they were safe and competent.
- New staff also received regular spot checks.
- The provider had implemented the Care Certificate for new care workers. This is a nationally recognized set of standards.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were offered help with meals and drinks.
- Relatives told us "All my relative's nutrition is made up via fluids e.g. smoothies" and "My relative is peg fed and the carers always make sure she has sufficient nutrition and fluids".
- There was information in care plans setting out how to give people support with eating and drinking.
- This included ensuring people had a jug of fluids and snacks left for them.
- Staff monitored changes in eating habits and would contact health professionals if concerned.

Staff working with other agencies to provide consistent, effective, timely care

- People were well supported to see health and social care professionals.

- This included GPs, district nurses, physiotherapists and occupational therapists.

Supporting people to live healthier lives, access healthcare services and support

- Staff made sure other health and social care professionals were involved to encourage health promotion whenever possible.

Ensuring consent to care and treatment in line with law and guidance

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 with the appropriate legal authority.

- People's rights were respected.
- People were asked for their consent to their care and treatment. Staff respected their wishes about how they wanted to be supported.
- People confirmed staff always asked them for consent before they assisted them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and families were very enthusiastic about how staff were consistently exceptionally kind and caring.
- Family members told us, "The carer has such a lovely understanding of my son's needs", "Absolutely they are kind and caring, they are part of our family now," and "Yes they treat my relative with dignity and respect just by communicating what they are going to be doing and include her in the conversation."
- One family member told us that the staff were exceptional. They also they said, when asked if staff were kind and caring, "Very much so. They are very lovely with my relative.
- Staff supported people to build up their confidence to go out and do things they enjoy.
- Staff conveyed an exceptional insight into the needs wishes and personal preferences of each person they supported. Staff spoke about people with exceptional fondness and care. Staff told us they felt people they supported were family to them.
- Staff had recently gone out to a community horse farm with a person. This was because the person loved horses.
- The service had worked extremely closely with people and families to support them to fulfil their goals. One person regularly went on holidays to America with the support of staff . The staff worked as a live in care worker on these trips,
- A health care professional told us that the staff were very kind and exceptionally caring towards people.
- Staff were very aware of showing respect and maintaining privacy as well as promoting independence. Care records were clear and detailed so that staff knew the support people needed.
- People told us that staff respected their privacy and dignity and always encouraged independence.
- The service had a named dignity champion. This role was to promote dignity and respect across the whole workforce.
- Staff told us that the importance of always treating people in a very dignified way was raised with them in training and at staff meetings on an ongoing basis.

Ensuring people are well treated and supported; equality and diversity

- People and relatives felt the service was exceptionally caring.
- Comments from people included about how caring staff were included: "Absolutely they are part of our family now", "They are brilliant" "Yes because they show commitment to finding any items that may be of benefit to my husband such as memory aids", "Yes very much so. They are very lovely with my relative" and "The carer has such a lovely understanding of my relative's needs."

- Care plans had been written to reflect the uniqueness of each person. For example, people were from a range of cultures. Their care plans clearly set out how to support them fully with very respectful approaches.
- Staff were all able to give us good examples of how they supported people in ways that respected equality and diversity. For example, staff supported certain people to eat foods that were specific to their culture. Staff had done their own research to enable this to happen.

Supporting people to express their views and be involved in making decisions about their care

- Care plans included up to date information about how people wanted to be supported. This included guidance about privacy.
- All the care plans set out clearly how to encourage independence.
- There was also information in care plans about how to help people to make their view be known about their care.
- People and their representatives were regularly asked for their views on their care and their plans. One family member told us "Yes, we have had a review of the care plan some two weeks ago and tend to have them at least two or three times a year.
- A relative told us that they had total confidence in how their relative was supported. They told us, "We have regular reviews of the care plan and if things need to be changed."
- Staff conveyed clearly they understood it was a person's human right to be treated with respect and dignity and to be able to express their views.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives all praised the responsiveness and flexibility of the service.
- People said where they had needed to make changes or improvements this had been easy to do. People told us how flexible and responsive service was, saying, " Yes most definitely", "Yes very much so", and "Yes as my relative has very complex needs".
- The provider complied with the Accessible Information Standard. From August 2016 this makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People with a visual impairment had their care plan read out to them.
- The service also offered braille documents, large print, and communication aids.

Improving care quality in response to complaints or concerns

- Every person we spoke to knew exactly how to raise a concern or make a complaint.
- No one we asked had ever felt they had needed to do this.

There was complaints guidance in place and everyone who used the service had access to this information.

End of life care and support

- Staff providing end of life care received training to gain an insight about the care of a person before and after their death.
- Staff supported a partner after a family bereavement, ensuring the person receiving care was looked after
- Staff also told us they felt it was important to attend the funeral of people they had looked after. The provider ensured that staff who wanted to do this were always able to.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone we asked spoke very highly of how well the service was run.
- Comments included "Yes most definitely" "Yes because they are brilliant, nice people", "Yes, I do think it is managed well", "They have good communication" and "Absolutely it runs along smoothly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure for the service.
- Each staff member had clear roles and responsibilities setting out the part they played within the service, as well as their contribution to its overall quality and safety.
- There were staff meetings where best practice and updates were shared.
- There was also team learning and training. This helped promote a culture where learning was encouraged.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and people spoke highly of the registered manager.
- The management shared their vision for the service, and this information was made clear in the service user guide that each person was given.
- They were committed and constantly striving to achieve a high standard of care. They aimed to achieve this by investing in staff and the infrastructure of the service.
- The provider invested in staff and people with a range of staff reward schemes, the service's online care planning system, and their own funding of social events for people to help prevent them feeling isolated.
- The managers were clear that they aimed to provide a service that enriched lives.
- To ensure this was achieved staff were well supported and valued.
- Caring for staff was high on the agenda to encourage staff retention and therefore consistency for people.
- The provider had a scheme which recognised, re-enforced and praised in an open way positive staff values, attitudes and behaviours. This included long service awards.

## Continuous learning and improving care

□The senior nurse had recently reviewed and updated care plans and risk assessments. This was based on fully reviewing care with people and their families.

## Working in partnership with others

- The service had forged links with local fire brigades to support people and relatives so that they could be advised about fire safety.
- People had detailed information in their care records in case they required a hospital admission. This was to provide the person and hospital relevant information about them.