

Prestige Nursing Limited

Prestige Nursing Gloucester

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Prestige Nursing – Gloucester is a domiciliary care agency that provides personal care and support to people in their own homes. The service supported 100 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

At the time of inspection, we found that some improvements were needed of the recording of people's risk management plans, medicinal creams and systems used to prioritise people who were at high risk in adverse weather conditions. However, we were assured that people's received care which was safe as staff and managers had a good insight into people's care needs and risks.

People and relatives felt that the care delivered was responsive to their needs and they were consulted in relation to their care requirements. Everyone we spoke with confirmed that staff were kind, caring and respectful towards them. People were supported to be as independent as they were able to, and staff respected their privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Care plans reflected the care that people required. Staff worked collaboratively with healthcare professionals and families to ensure best outcomes for people.

Staff were trained and supported to carry out their role. Staff knew how to report potential safeguarding concerns and were confident that any concerns would be acted on by the management team.

People received their medicines safely. Effective measures continued to prevent the spread of infection. Systems were in place to support staff to support people requiring end of life care if required.

The registered manager was thought of positively by staff and people. The registered manager and provider monitored the delivery of care through staff observations and feedback from people. People's views and feedback were valued. The registered manager acted on any complaints and took steps to address people's concerns. Quality assurance systems were in place to review service provision and drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 7 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Prestige Nursing Gloucester

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 September 2019 and ended on 25 September 2019. We visited the office location on 18 and 20 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and seven relatives by telephone about their experience of the care provided. We also received feedback about the service by email from seven people or their relatives.

We spoke with ten members of staff including the registered manager, two representatives of the provider, a recruitment officer, two care supervisors and four care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely

- People's personal risks associated with their health and well-being had been identified, assessed during their initial assessment and were regularly reviewed such as moving and handling risk assessments. People and their relatives confirmed that staff supported them to minimise their risks and staff were consistent in their knowledge of how to support people to manage their risks safely. One relative wrote to us and said, "The carers are vigilant that the environment in which they work is safe and any potential risks are taken care of in a professional manner."
- The service ensured that people who required support received their medicines as prescribed as staff had been trained and assessed as competent in managing people's medicines. Staff who supported people with complex needs had received additional training and been assessed as competent to support people. They had access to a nurse and complex care and clinical leads to provide additional support and advice as required. An admiral nurse was available to provide additional support to staff and families supporting people who live with dementia. However, staff did not always have access to person specific risk management plans and protocols which they could refer to if they were uncertain of the actions that were needed to support people with complex needs such as the management of people's skin to prevent pressure areas.
- A clear medicines care plan was in place which identified the people and agencies who was responsible for the ordering collecting and the storage of people's medicines. Staff completed a medicines administration records (MAR) charts when they had administered people's medicines. However, there was not a consistent approach the recording of management and application of people's medicinal creams. The registered manager and complex care lead provided us with assurances that they were planning to implement protocols to support staff training such as the management of people's catheter care, medicinal creams and the possible triggers and actions staff should take if people became upset. The would ensure that staff had clear direction when supporting people with their medicines and complex needs.

Staffing and recruitment

- An electronic system helped the managers schedule people's visits to ensure staff arrived on time and had adequate travel times between visits. Staff rotas showed calls were mainly scheduled to the same staff. Where two staff were needed, the same staff were usually paired together to ensure consistency.
- The system allowed the managers to review and adapt the staff rotas to changes in people's circumstances or staff absences. People said staff arrived at the times expected and on occasions, stayed longer than was planned. An on-call system enabled staff to request additional support if required.
- Some relatives felt that sufficient numbers of staff were not always readily available if there were

unplanned staff absences such as sickness. Staff availability was raised with the registered manager who explained that the system enabled them to identify staff availability in the geographical teams and that office staff would support people if required. They recognised that a comprehensive system was needed to assist them in identifying and managing the care of those people who were at greatest risk if staff were not available to support them such as unplanned staff sickness and in adverse weather conditions.

- Some people told us they had not been introduced to new staff members before they delivered personal care. The registered manager explained that people were offered an introduction to staff, however due to the rapid requirement to provide urgent care for some people there had not always been sufficient time to introduce staff before they were required to support people.
- People were protected from staff that may not be fit and safe to support them as safe recruitment practices were being used. The registered manager was supported by a recruitment officer and head office to check the employment and criminal backgrounds of staff.

Systems and processes to safeguard people from the risk of abuse

- Safe systems were in place to safeguard people from harm and abuse. People and their relatives told us they felt safe in the presence of staff. One relative said, "I feel safe in the knowledge I can trust prestige care totally from the management down to the carers themselves."
- Staff had been trained in safeguarding adults and children and knew the process to report any concerns or allegations of abuse. The registered manager was aware of their responsibility to share any concerns with safeguarding agencies and CQC.
- Safe systems for staff to access people's houses and to support them with their finances are in place.

Preventing and controlling infection

- Staff told us they had access to personal protective clothing which enabled them to maintain high standards of hygiene while supporting people with their personal care needs. This was confirmed by people and their relatives.
- Staff were trained in infection control practices and had received infection control awareness training as part of their induction.

Learning lessons when things go wrong

- Systems in place to monitor and learn from incidents and accidents. Records of incidents were detailed and reviewed by the registered manager. Actions were taken such as additional training for staff in the recording of incidents.
- The registered manager told us they took any incidents and complaints seriously and learnt from mistakes and took actions to improve people's experiences of the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant 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 continued to receive effective care based on current legislation and standards. People's needs were assessed by the service to ensure the service could meet their needs and have staff available at their preferred times. Staff worked closely with families and health care professionals to ensure staff provided care in line with current practices and adhered to people's wishes and desired outcomes.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and given opportunities to develop and achieve additional training and qualifications. Staff had access to the provider's comprehensive range of E-Learning courses and fact sheets should they wish to enhance their knowledge in a specific area such as autism. There was evidence that staff care practices and medicine management competences were checked and observed to ensure staff were competent to carry out their role.
- Staff who were new to the care sector were provided with a robust induction programme including shadowing their colleagues and undertaking training and workshops which were in line with the modules of the care certificate. New staff told us they found their induction schedule informative. One new staff member said, "The course and induction was fabulous. I learnt a lot. I have always felt comfortable picking up the phone and asking questions if I am uncertain. I have felt very supported since working with this company."
- All staff told us they felt supported and well trained. The skills of these staff were checked and signed off to ensure they were adequately competent to support people safely. An electronic system helped the register manager to identify when staff training was about to expire and when staff's one to one personal development meetings and appraisals were due.

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

- People who required support with the planning, shopping and preparation of meals were assisted in an effective manner to enable them to enjoy meals of their choice. Staff encouraged people to choose healthy options and reinforce recommendation made by dietitians and other health care professionals. We were told that people's cultural, religious and food preferences were met where required.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with health care professionals and supported people to access health care services if

they or their family were unable to arrange the appointments.

- Relatives reported that staff were sensitive to changes in people's wellbeing and always informed them if they felt their relative was becoming unwell.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People or their representatives were asked to sign and consent to the care being provided. People's legal representatives and their powers of attorney had been recorded as part of the initial assessment.
- Staff encouraged people to make day to day decisions about their care and told us they always provided people with choice or provided care in people's best interest. Staff had worked in conjunction with people, their families and health care professionals to ensure people's known wishes and beliefs were considered before they received care and support in their best interest.
- The registered manager had been on an advance practitioners MCA course was aware of their responsibility under the MCA to provide care which was lawful and in line with the spirit of the act. However, staff had not been routinely trained in MCA and therefore may not fully understand the legal framework of the assessment of people who may lack mental capacity and how care should be provided in their best interest. This was discussed with the registered manager who told us through staff observations they were confident that people's consent to care was delivered lawfully. They explained that staff could access an MCA E- learning module, fact sheets and could seek advice from an MCA champion to support their knowledge. They agreed to revisit the staff's MCA training as a result of our feedback.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a service which was very caring and supportive. People told us they were supported by a staff team which were kind and considerate. One person said, "They're lovely. They offer to take laundry upstairs when needed and put it away." Another person wrote to us and said, "I am very pleased with all aspects of the care I receive. They are very professional." Relatives also praised the care their loved ones received. One relative said, "In all the time I've used Prestige care I have always found them extremely caring, they go above and beyond their duty...the carers that visit my mum have always been professional and again extremely caring and kind and treated my mum with the utmost respect!" Another relative said, "I always recommend Prestige to anyone who asks about our home care, I cannot fault them in any way."
- The registered manager said, "We really are extremely passionate about the service and the level of care." They provided examples of how staff had supported people such as buying slippers for one person who had no family; helping a person to visit their poorly sibling and providing home cooked food for one person when they became unwell.

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

- Staff were genuine in their approach and took time to get to know people and understood how to support people who found it difficult to express their needs. People told us staff were sensitive to their needs and helped them access or sign post them to other services if there was a change in their well-being.
- People were involved in decisions about their care. They told us the managers often made contact with them to ensure they were satisfied with the care they received and were given the opportunity to discuss any changes they wished to make. Relatives praised the supportive nature and skills of staff. One relative said, "We have been fortunate that the majority of our carers have been way above average in competence and empathy. They consistently provide reliable safe, effective, caring and responsive care. They are proactive, often go the extra mile and understand the need to create the right supportive atmosphere within our home for myself as well"

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and without discrimination at all times. Everyone we spoke with expressed that staff were very polite and respectful. Staff told us they always respected people's privacy and dignity especially when receiving personal care. One staff member said, "I always speak to people and let

them know how I am going to support them and always cover their private parts to make them comfortable."

- Staff knew people well and had formed a trusting relationship with the people they support and their relatives. Staff took opportunities to support people to do things for themselves and to retain their independence such as encouraging them to be involved in their personal hygiene or making a drink.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised and responsive care from the staff who supported them. One person said "I am very happy with the care I get from Prestige. They do everything they can for me." Relatives also confirmed that staff were approachable and always responded positively to any requests or changes in care requirements. One relative said, "The carers do a great job and help me monitor mum's wellbeing. They have provided extra care when I have needed more help." One relative wrote to us and said, "The carers are always on time, presenting themselves in a professional manner, they work extremely hard for the time they have allotted to my mum but always find some time to sit down and chat to her, so they are now her friends as well as carers." Another relative said "The carers have excelled themselves in the care they provide. They are efficient and follow the care plan using initiative to adapt accordingly when needs arise."
- Staff knew people well and had a good understanding of their preferences, wishes and support requirements. People's care plans provided staff with the information they needed to support people during their specific visit time such as supporting people with their personal hygiene needs and meal requirements. They worked with families and other agencies to assist people reaching their goals such as gaining strength in their mobility. Regular reviews of people's care were completed, and any changes or concerns were acted on.
- Staff supported people to be involved in decisions about their care and promote their well-being and levels of independence. People were supported to maintain relationships with people that matter to them and the wider community.
- The registered manager told us they were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as large print for people who required this.

Staff responded to people's preferences of communication such as informing people of their visit schedule by telephone.

Improving care quality in response to complaints or concerns

- The provider has a complaints policy which gave details of how complaints should be raised and managed. The service used feedback as an opportunity to learn about people's experiences of the service and drive improvements.
- The registered manager was managing and investigating into two unresolved complaints. We discussed the nature of the complaints with them and found that they had investigated into the concerns and had communicated with the complainants although they had not consistently confirmed their actions to one complainant in writing.
- People we told us they would share any concerns they had with staff or management, but everyone we spoke with was happy with the service. One relative told us "The Manager has contacted me on a few occasions when there has been a problem, so I know that I could contact her."

End of life care and support

- Staff had been trained in 'caring for the dying' and had access to a clinical nurse and further clinical training to guide them if people required care at home from the service during the final stages of their life.
- Staff and the registered manager told us they would do their best to support people's wishes to remain living at home if they required palliative care. They were aware of their responsibility to work collaboratively with other health care professionals such as GP and district nurses to ensure people remained safe, comfortable and free from pain while living at home. End of life care planning and assessment processes were in place and would be used to support people when needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was managed by an established registered manager and provider who had the infrastructure to monitor the service. However, the effectiveness of some of the systems operated by the provider would not always ensure there was a consistent positive outcome for some people. For example, a new system had been implemented by the provider which had resulted in a delay of the collection of people's daily records and MAR charts from their homes. The registered manager and management team were therefore unable to audit, identify and act on any concerns and discrepancies in a timely manner. This meant that any shortfalls or concerns in the management of people's care may not be acted on promptly.
- Some improvements were needed in the details of people's risk management plans, the management of medicinal creams and prioritising people at high risk in adverse weather conditions. We were assured throughout the inspection that people were receiving the care they required while these issues were being addressed, however further time was needed to assess the effectiveness of these improvements.
- The quality of service being provided was checked by the provider by unannounced branch audit visits, regular visits from the area manager and a constant analysis of the provider's electronic central system which reviewed and analysed information such as complaints, accident and incidents. The provider and service learnt from mistakes and took actions to improve the quality of care being delivered.
- A strong management team assisted in the smooth running of the service. We heard the team speaking to people respectfully over the telephone and taking swift action to address their concerns and communicating any changes with staff.
- The registered manager was clear about the role of the duty of candour and improving the sharing of information and development of a high-quality service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Prestige Nursing – Gloucester and the provider had clear aims and values and were passionate about delivering a high-quality service. The registered manager told us they were proud of their staff and the commitment they showed in providing person-centred care and remaining flexible where they could. They explained that recruitment of good quality staff in a rural geographical area had been their main challenge since the last inspection.

- People and relatives all confirmed that they felt the service was well led and they had confidence in the management team. One relative told us, "The Manager is the first point of contact. If not available, the assistant will help. Yes, it is well-managed and would recommend the service. In general, I am very happy. They have been a 'Godsend'. They are brilliant. Bright and caring and work very hard."

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

- Staff told us the management team were supportive and approachable. The registered manager informed us that staff meetings had not been well attended and was considering other ways of engaging with staff.
- The registered manager and provider valued people's opinions of the quality of the service and care provided. The provider received feedback about people's experience of the service through annual surveys.
- Staff and people told us that the managers and provider engaged with them equally and respected their options and views.

Continuous learning and improving care, working in partnership with others

- The registered manager was clear about their role and responsibilities. They engaged with local health care services, their colleagues, other managers and representatives from the provider to keep informed of local and national changes in the health care sector.
- The managers had identified the need of upskilling staff and providing additional medical support to enable the service to deliver care to people with more complex needs. A representative from the provider had a good oversight of people who were supported with complex care needs and the staff who supported them. For example, they reviewed people's care needs and the competencies of the staff who supported them.
- The service engaged with the local community and had carried out various activities to fund raise for local charities.