

Prestige Nursing Limited

Prestige Nursing Halesworth

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 Halesworth is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 26 and 27 November 2018 there were 89 people who used the personal care service. We gave the service notice of the inspection to make sure that someone was available to see us.

At our last inspection of 8 December 2016, this service was rated requires improvement overall and in all of the key questions. There were breaches of Regulation 18: Staffing and Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because improvements were needed in how the service was staffed and assessed and monitored. The service wrote to us to tell us how they planned to implement improvements. During this inspection of 26 November 2018, we found improvements had been made, there were no breaches of Regulation and the service was rated good overall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were systems in place designed to provide people with safe care. Improvements had been made in the staffing in the service and the ways that people's care visits were planned. Risks to people were managed, including risks from abuse and in their daily lives. The service had a recruitment drive in place to reduce any risks of missed and late visits. Care workers were recruited safely. Where people required support with their medicines, this was provided safely. The service learned from incidents to improve the service. There were infection control procedures in place to reduce the risks of cross infection.

People were provided with an effective service. Improvements had been made in how the service worked with the principles of the Mental Capacity Act 2005 relating to the storage of people's medicines. People were asked for their consent before any care was provided and their choices were documented. Care workers were trained and supported to meet the needs of the people using the service. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

People received a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. People were provided with end of life care. The service worked in partnership with a community project to support people to die at home. A complaints

procedure was in place and people's concerns were addressed.

People were provided with a service which was well-led. There were systems in place to assess and monitor the service provided. Where improvements were identified actions were taken to address them.

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.

There were systems in place designed to reduce the risks to people from abuse and avoidable harm.

There were care workers available to cover people's planned visits. The recruitment of care workers was robust.

There were systems in place to support people with their medicines, as required.

Infection control processes reduced the risks of cross infection.

Is the service effective?

Good ●

The service was effective.

Care workers were trained to meet the needs of the people who used the service.

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively. People were supported to access health professionals, where required. The service worked with other professionals to provide people with a consistent service.

Is the service caring?

Good ●

The service was caring.

People were treated with care and kindness and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and met.

There was a system in place to manage people's complaints.

The service supported people who were at the end of their lives. They worked with a local community project to enable people to die at home.

Is the service well-led?

The service was well-led.

The service assessed and monitored the care and support provided to people, to identify where improvements were needed. Actions were taken to improve, where required.

People were asked for their views about the service and these were used to drive improvement.

Good ●

Prestige Nursing Halesworth

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 checked 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 announced comprehensive inspection was carried out by one inspector on 26 November 2018. We gave the service notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 26 November 2018 and ended 27 November 2018. On the first day we visited the office. We spoke with the registered manager, admiral nurse, coordinator, field care supervisor and four care workers. We also spoke with a commissioner of the service of a local project, who visited the office to speak with us. We reviewed eight people's care records, records relating to the management of the service, training records, and the recruitment records of three new care workers. On 27 November 2018 we spoke with 10 people who used the service and the relatives of seven people on the telephone.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including notifications we received from the service. Notifications are required by law, they tell us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

In March 2018 we sent out questionnaires to people who used the service, relatives and care workers to gain their views about the service. We received completed questionnaires from 15 people who used the service,

four from relatives and 16 from care workers.

Is the service safe?

Our findings

At our last inspection of 8 December 2016, this key question was rated requires improvement. There was a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because improvements were needed in how the service ensured that people received care from sufficient numbers of care workers where required. The service wrote to us to tell us how they planned to implement improvements. During this inspection of 26 and 27 November 2018, we found improvements had been made, and there was no breach of Regulation. People now received a safe service, which was rated good in this key question.

Improvements had been made in how the service ensured that there were sufficient care workers to cover care visits. Improvements had been made in how the service scheduled visits. There had been no missed visits in the last twelve months. There was an electronic system for logging in and out of care visits. This supported the service's management team in identifying if there were late visits and reduced the risk of missed visits happening. One care worker showed us their electronic device which showed their schedule for the day, which provided travel time between visits. They said, "Travel is okay, I can get to the calls easily." The registered manager told us that the care worker's electronic devices also had an emergency button, that they could press if they felt unsafe or needed urgent support with a person. This alerted the office staff or if out of office hours, the staff who were on call, for action. The registered manager told us that there were enough staff to ensure all visits were completed. The service continued to actively recruit to ensure that they could support any new demand or staffing issues.

People told us that their care workers always turned up for their visits and they were told if they were running late. They also told us that they had seen improvements in the time keeping of their visits. One person said, "They always arrive when expected, it has changed for the better." Another person told us, "They get here on time, if there is ever a problem with them getting to see me, they give me a call and find someone else so I know there is always someone here." Another person commented, "They come to the time which is on the sheet." This referred to the weekly schedule which was sent to people advising of their care workers and arranged times of their visits.

One person in their questionnaire said that they had seen improvements in the times care workers arrived for their visits with reduced lateness. They said, "Up until August [2017] we would not have recommended Prestige at all, but after then we would." All of the questionnaires from people who used the service and relatives said that the care workers stayed for the agreed length of time for the care visits.

Improvements had been made in guidance provided to care workers if they could not access a person's home or locate the person during care visits. A care worker told us about the actions they would take, "If I could not get answer I check round the house, check with the neighbours, if I can't find them [person] I call the office. They will contact relatives and anyone else until they are found."

People told us that they felt safe with their care workers. One person said, "I feel safe, I know they [care workers] will be here." All of the questionnaires from people who used the service said that they felt safe

from abuse and or harm from their care workers. This was confirmed by all of the questionnaires received from relatives.

The service had systems in place designed to protect people from avoidable harm and abuse. This included training for care workers. All of the questionnaires from care workers said that they knew what to they suspected that people were being abused or at risk of harm. The service had made safeguarding referrals where concerns about people's safety were identified. This demonstrated that staff working in the service understood when concerns should be reported. A staff member told us how they had worked with a person and their relative to protect them from potential abuse and advised them how to keep safe. We saw records which confirmed what we had been told. They had also worked with the local authority and the family to develop systems to keep the person safe.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own home environment. These were reviewed to ensure they were up to date and reflected people's current needs.

Records of incidents and accidents were checked by the registered manager. Each had actions the registered manager had taken to learn from the incident and to put systems in place to reduce future risks. This included providing further training for care workers, reviewing care records and reminding care workers of their responsibilities. This demonstrated that the service had systems in place to learn from incidents and used them to drive improvement.

We reviewed the recruitment records of three new care workers. These included checks that prospective care workers were of good character and suitable to work in the service. This included Disclosure and Barring Service (DBS) checks. DBS were used to identify if an individual had been convicted of a crime or were barred from working with vulnerable people. The registered manager told us that DBS statements were received from care workers annually to ensure that any concerns since recruitment were declared.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "My feet are washed every day, cream applied and socks put on. They do it very well."

There were systems in place to provide people with the support they required with their medicines safely. People's care records identified the support they required with their medicines, and the medicines prescribed. Medicines administration records (MAR) identified when people had received support with their medicines. MAR were completed appropriately and demonstrated that people received their medicines when they needed them. MAR were returned to the office when completed and these were reviewed by a member of the office staff team. If any shortfalls were identified action was taken to reduce them happening again, this included training for care workers, checks on how they were working (spot checks) and reminding them of their roles.

Care workers had received training in medicines administration and their competency was assessed by the management team. This included spot checks on care workers when they were supporting people with their medicines to ensure they were supporting people safely.

Care workers were provided with training in infection control and food hygiene. There were systems to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. During our visit to the office we saw a care worker collecting boxes of gloves. They told us that these were always available. This was also confirmed by other care workers spoken with. The registered manager told us that care workers were also provided with masks

which they could wear if they or the person they were supporting had a cold, and anti-bacterial wipes.

Is the service effective?

Our findings

At our last inspection of 8 December 2016, this key question was rated requires improvement. This was because improvements were needed in how the service worked within the Mental Capacity Act 2005 relating to medicines storage. During this inspection of 26 and 27 November 2018, we found improvements had been made, and people now received an effective service, which was rated good.

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 told us that the care workers asked for their consent before providing any care. One person said, "Yes, the carers do ask for my agreement before they do anything."

People's care records included information about if people had capacity to make their own decisions. Improvements had been made in relation to the storage of people's medicines. This included if they were securely stored in their homes. Records showed that people had been asked for their permission to do this. Where required, records of multi-disciplinary meetings were kept to demonstrate that decisions had been taken in a person's best interests to keep them safe. People had signed their care records to show that they consented to the care they were being provided with. Care workers received training in the MCA. All of the questionnaires from care workers said that they had training in and understood their responsibilities under the MCA. One care worker told us that they had received training and that they could call the management team if they needed any support.

People's care needs were assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Prior to people starting to use the service, a member of the senior team undertook a needs assessment, in consultation with the person and their relatives, where required. The registered manager told us that the staff who undertook the assessments had been trained in this area. We heard a member of the office staff make a telephone call to the hospital to check when the person was returning home to ensure that their care visits were planned, where required. They agreed that they would cancel the visits for a few days and call the hospital again on a planned day. This provided a smooth transition between services.

People told us that they felt that the care workers had the skills to meet their needs. One person commented, "They are very professional and get things done." One person's relative told us that their family member lived with dementia and that the care workers understood their family members needs relating to their condition. All of the questionnaires from people who used the service said that their care workers had the skills and knowledge to give care and support they needed.

The service had systems to provide care workers with the training they needed to meet the needs of people

effectively. We reviewed training records which showed that staff received training in subjects including moving and handling, safeguarding, medicines, infection control and dementia. All of the questionnaires from care workers said that they got training to meet people's needs, choices and preferences. In addition to this training, there were 29 e-learning subjects relating to people's specific conditions that care workers could complete. If care workers supported people with specific needs, they were required to undertake the training relating to the person's needs. There was a nurse who was allocated to the service who provided training in subjects where people had complex care needs, where required. People were supported by care workers who had the skills which matched to their needs.

A staff member told us how they worked from the head office and visited the service regularly. They had worked on updating policies and procedures to ensure care workers received up to date guidance. They showed us a dementia and mental health fact sheet which could be accessed by care workers explaining the conditions, how they affected people and how to support them.

Care workers were being provided with the opportunity to achieve recognised qualifications relevant to their role. New care workers were provided with an induction which included training and shadowing more experienced care workers. They also completed the Care Certificate, which is an industry recognised set of induction standards.

Records showed that care workers received one to one supervision meetings. Supervisions provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The care workers we spoke with told us that they felt supported. One care worker in their questionnaire stated, "Excellent company to work for they support me in everything I do." All of the questionnaires from care workers said that they received regular supervision and appraisal which enhanced their skills and learning.

The service worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. This included multi-disciplinary meeting to ensure people received their care which was consistent across services they received.

People were supported to maintain good health and had access to health professionals, where required. One person said, "If I need to see the nurse, they will give them a call for me." Another person told us that their care workers were aware of their needs and were, "Careful to keep an eye, they will call the nurse or doctor if any wounds." Where care workers had identified concerns about people's wellbeing, records showed that, with people's consent, health care professionals were contacted to arrange for appointments, if people were not able to do this themselves.

The service supported people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area.

Is the service caring?

Our findings

At our last inspection of 8 December 2016, this key question was rated requires improvement. This was because people were not provided with a fully caring service due to the shortfalls overall in the service provision. During this inspection of 26 and 27 November 2018, we found improvements had been made, and people now received a caring service, which was rated good.

People told us that their care workers treated them with kindness and respect. One person said, "I look forward to them coming." Another person commented, "They are all very good, kind lovely [gender of care workers]." Another person said, "They are cheerful and helpful." Another person commented, "Of course they respect me, we have a good relationship. They are happy people." One person's relative said, "They are absolutely fantastic. [Family member] adores them [care workers]." All of the questionnaires from people said that their care workers always treated them with respect and dignity and the care workers were caring and kind. This was also confirmed by all of the questionnaires received from relatives.

All staff spoken with, including care workers and members of the management and office team, talked about people in a compassionate manner. They clearly knew the people who used the service well. One care worker in their questionnaire stated, "I feel that Prestige in Halesworth are a very empathetic team who care deeply for their clients."

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy and dignity was respected by their care workers when they were provided with personal care. One person said, "They [care workers] never tell me where they are going after me. They are very loyal to customers, it is a closed unit and there is no interchange of gossip. So, I know that any information about me is private." Records were stored securely in the service, which reduced the risks of their personal information being accessed.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person told us, "They will help me with what I need." Another person commented, "They oversee my bath, they don't take me over. I am active physically and mentally, it is important to me to do as much as I can." All of the questionnaires from people said that the support and care they received helped them to be as independent as they could be. This was also confirmed in all of the questionnaires received from care workers.

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. One person said, "I get visits and telephone calls, if anything needs changing I let them know and they make sure it is done." People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported, including their preferred form of address and gender of care workers. The system for planning care visits barred care workers being put on to visit people, if they had requested a specific gender of care workers or they had requested not to have a care worker.

Is the service responsive?

Our findings

At our last inspection of 8 December 2016, this key question was rated requires improvement. This was because improvements were needed in how the assessed, planned and met people's needs responsively. During this inspection of 26 and 27 November 2018, we found improvements had been made, and people now received a responsive service, which was rated good.

People said that they were happy with the care and support provided, which met their individual needs. One person said, "They get 10 out of 10 and a gold star from me. Prestige fill my needs completely. It is a family type set up, I am very pleased to have them helping me." One person said, "They know about [condition], they wash me carefully. In my opinion they are perfect."

All of the questionnaires from people who used the service and relatives said that they were happy with the service provided. One person said in their questionnaire, "I have no complaints or concerns." Another stated, "No complaints at all. Couldn't manage without them." One person's relative in their questionnaire stated, "I am very, very happy with the service they give and the fact that they will always contact me if they have a concern about [family member]. It is a relief for the family to know that [family member] is being carefully looked after on a daily basis by Prestige."

A staff member told us how they tried to provide people with a consistent service with the same team of care workers supporting them. This was confirmed by records and discussion with people who used the service. One person said, "I get the same [care workers] coming in, I can relate to them and they can relate to me. They have taken time to get the people I get on with." Another person commented, "I realise I have been very spoilt with [team of care workers]." All of the questionnaires from people said that they received care and support from familiar, consistent care workers.

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. Reviews of the care provided were undertaken to ensure people received care that reflected their current needs. We heard a care worker, who was visiting the office, following a care visit with a person who had recently started to use the service. They told the registered manager about how they had supported the person in a way which met their needs and preferences. The registered manager updated their care plan to provide guidance for other care workers on how the person's individual needs were to be met. This included their mouth care and the areas of their care they could do independently. The registered manager told us how they had responded to a person's needs during the night when care workers were not provided. The person had called the out of hours call line, the manager had called another health service who visited the person and gave the support they needed.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person's relative said, "If there are any problems, I can go into the office and I know it will be dealt with." One person in their questionnaire stated, "Irritant: carer arriving one hour early. I remonstrated and this no longer happens."

There was a complaints procedure in place, each person was provided a copy with their care plan documents. Complaints were investigated and responded to, where required, people were provided with an apology which was in line with the service's duty of candour policy.

The registered manager told us about how care and support was provided to people who were at the end of their life. Care workers who provided end of life care had received training in this subject and there was an e learning course available for all care workers. One care worker said, "I do some end of life care for people, I have had training in palliative care. If there are any issues I can come into the office to talk about it." A staff member told us how they had worked with a person's relative to support their family member to remain at home during the end of their life. This included support to access community funds to ensure the environment was suitable. Records confirmed what we had been told. The registered manager told us how they worked with a community project service in providing people with end of life care to support people to die at home with their family. The project commissioned the service to provide care. The service had a good relationship with the fund commissioners and attended regular meetings. They also had good relationships with the GP, who they could contact if the person required any support with medicines. The service provided care quickly after a request for support was requested.

Is the service well-led?

Our findings

At our last inspection of 8 December 2016, this key question was rated requires improvement. There was a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because improvements were needed in how the service assessed and monitored the service provided. The service wrote to us to tell us how they planned to implement improvements. During this inspection of 26 and 27 November 2018, we found improvements had been made, and there was no breach of Regulation. People now received a well led service, which was rated good.

The registered manager was supported by a team of staff who worked in the office. Their roles included organising visits to people, assessing people's needs, completing care plans, and monitoring daily care and medicines records. This assisted the management team in assessing and monitoring the service provided. The registered manager told us that they were supported by the organisation and their regional manager. Care workers were observed by members of the management team in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. The service kept up to date with any changes in the care industry, this included the way that people's personal records were maintained and the use of technology in people's homes.

The Provider Information Return (PIR) identified what the service did well and the improvement they intended to make. This demonstrated that the management team understood their roles and responsibilities and continued to improve the service provided to people. The service's statement of purpose clearly identified the care and support that people could expect to receive. There were policies and procedures in place which gave guidance for care workers to meet people's needs.

There was an open culture in the service, people and care workers were asked for their views and these were listened to and valued. Satisfaction questionnaires were sent out to people to express their views of the service. Where comments from people were received the registered manager said that the head office would let them know improvements needed and that they would address them. People had also provided their comments about the service provided during their reviews, these were both visits and telephone calls. One person told us, "If something changes [in their care needs] I call the office, I know they are doing their job properly."

People told us that they felt that the service and management was good. One person said, "[Registered manager] called up and come to see me, it was a happy experience. I can relate to her." Another person commented, "It is a very good service and badly needed for elderly people... I can't speak well enough of them."

Care workers told us that they felt supported by the service's management team. One care worker said, "I am happy with everything. Yes, I think it is well-led, if any concerns I can come into the office." Another care worker told us, "I can come into the office anytime, it is safe to talk about concerns." All of the questionnaires from care workers said that they would feel confident reporting concerns or poor practice to their manager. They also stated that their manager was accessible, approachable and dealt effectively with

concerns. One care worker in their questionnaire stated, "They provide an excellent service. If members [care workers] have any concern's regarding travel time, roster or clients the office staff will deal with it as soon as possible." Another said, "I am very happy with my job working at Prestige Nursing and Care and enjoy meeting the people who I assist with their needs on a daily basis." Another commented, "I would promote Prestige Nursing and Care for anyone looking at a new career in care work... I feel relaxed and love my work, I am confident if I had a concern regarding any of my service users and I phone the office it will get attention and a decision made as soon as possible." A fourth said, "Good company to work for, always there for help and support with problems or information." Staff meeting minutes showed that care workers were kept updated with any changes in people's needs and in their roles and responsibilities.

The registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service, other professionals involved in people's care and GP service. The service worked closely with community projects to support people living with dementia and who required end of life support. They attended regular multi-disciplinary meetings. The commissioner for the projects attended the service's office during our inspection to tell us about the positive relationship they had with the service and the good care they provided. The individual was complimentary about the service and the registered manager, referring to them as a, "Gem."

The service had built relationships with the local community. This included working with other businesses to contribute to maintaining one hour free parking in the town. The service had a social media page which allowed them to let people in the community know what they were doing. This included Patrick the bear who was named after a local hospital which had closed. Staff and care workers took Patrick on holiday and photographs were posted on the social media site of where he had been. The registered manager has dressed up in a costume and there was a competition with a cash prize to spot the registered manager throughout a day. The registered manager told us that this was, "Massive," and lots of the people in the community participated. The service had participated in the Halesworth carnival and won last year. A care worker had been a dementia carer runner up in a national award, for going over and above their role.