

Prestige Nursing Limited

Prestige Nursing Ipswich

Inspection report

28 Silent Street
Ipswich
Suffolk
IP1 1TF

Tel: 01473559750

Website: www.prestige-nursing.co.uk

Date of inspection visit:
01 May 2019

Date of publication:
22 May 2019

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 Ipswich is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing care to 46 people.

People's experience of using this service:

People were supported to be safe in their home and there were sufficient staff employed to fulfil people's arranged care visits.

Risks to people's health were assessed and clearly documented in the care plan.

People received their medicines as they were prescribed.

Staff understood their responsibilities to prevent the spread of infection whilst working between people's homes.

Incidents and accidents were monitored to inform practice and make improvements to the service.

People's personal needs were assessed and care was provided to them with their consent.

Staff continued to receive the training and support they needed to carry out their roles.

People were supported to access health care services when they needed to.

Staff continued to support people by providing food and drinks to them of their choice.

Staff informed us they had positive working relationships with health care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff helped people to remain independent and promoted their dignity.

People's privacy was respected and their personal information was kept securely.

Each person had an individual care plan including an assessment of their needs, risk assessment and detailed information about how to achieve agreed goals.

The service had a complaints policy of which people were aware.

There were on-call arrangements so that senior staff were always available to support as needed.

Senior staff sought the views of the people using the service through surveys.

Governance arrangements were in practice. Regular audits identified any shortfalls in provision of care.

Rating at last inspection: At our last inspection on 13 September 2016 the service was rated overall Good. The key question of Responsive was rated Requires Improvement. The report was published on 5 November 2016.

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up: We will continue to monitor the service.

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

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 Ipswich

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. 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

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.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection we visited the service office on 1 May 2019 to look at documents. We visited three people in their own homes who used the service to ask about their experience of the care delivered. We also spoke with four relatives by telephone. We spoke with the registered manager, area manager, recruitment manager, nurse lead for the service and three members of the care staff.

We looked at the care records for five people, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

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 using the service and their relatives told us they had no concerns about the service. One relative told us, "I feel safe with the staff in our home."
- The service had policies and procedures to guide staff in safeguarding people from the risk of harm and abuse. The service had included in the policy details of how the local safeguarding team could be contacted.
- Staff told us they had completed safeguarding training. This was also confirmed in training records. One member of staff told us, "Our training, some of which was on line, taught us about many things including safeguarding."

Assessing risk, safety monitoring and management

- The service assessed risks to people's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them.
- The registered manager had identified a rating system regarding the person's needs to identify people with a priority of need for the service to reach during times of inclement weather.
- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes.

Staffing and recruitment

- There were sufficient numbers of staff employed by the service to meet people's needs. The registered manager ensured consistency of staff for people. A relative told us, "The staff are always on time and we usually have the same staff."
- The service continued to have a robust recruitment practice in place. This included checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.
- When new staff started work, they shadowed more experienced staff to learn about people's needs. One member of staff told us, "I am always introduced to the person I am going to care for before I actually start care visits on my own."

Using medicines safely

- Staff were trained how to administer medicines safely.
- Medicines records were checked by the management team and actions were taken when any errors were identified.
- Competency assessments were completed for all staff. Senior staff observed staff in practice which helped to ensure they were safe to give prescribed medicines to people.

Preventing and controlling infection

- People and relatives told us staff practiced good infection control.
- There was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- The registered manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands before and after providing personal care for them.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents occurred information was reviewed so that information could be analysed and discussed. ● Lessons were learned when things went wrong. The registered manager held meetings with senior staff to discuss how to implement agreed actions as necessary to improve the service and to keep people safe.

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's needs were assessed before the service began providing support to them to determine if the service would be able to meet their needs. One person told us, "They talked to me about how they could help me before I came home to check all was going to be fine."
- People's care was planned and regularly reviewed to ensure they received support that identified and met their changing needs.
- There was a care plan for each person who used the service. The care plan contained important information about the person including their likes and dislikes and what was important to them.

Staff support: induction, training, skills and experience

- Staff were provided with a range of training, which helped them be confident when supporting people and promoted individual skills and development. Records showed staff completed training and there was a system of indicating when updates were required. A member of staff informed us that they discussed the next training that was due in their supervision session.
- Staff had formal supervision to discuss their work, training needs and personal development. This included field supervision which is known as spot checks and pre-arranged supervision at the service location. Staff confirmed with us that they had both supervision at set times in the office and also unbeknown spot checks.
- When new staff started work, they shadowed more experienced staff to learn about people's needs. One member of staff told us, "I am always introduced to the person I am going to care for before I actually start care visits on my own."

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

- Care plans recorded people's dietary needs as necessary with regard to when the staff were required to support the person with nutrition needs.
- People told us they were happy with the support they received and were offered drinks and choice of meals by the staff.
- Staff had completed food and hygiene training to ensure they were confident with meal preparations.

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

- Staff told us about the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. For example, we saw when staff communicated with continence care specialists.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported

to maintain their health and wellbeing.

Adapting service, design, decoration to meet people's needs

- The registered manager told us how they assessed the environment and worked with people and staff to provide safe and effective care. This had included making referrals to other professionals such as Occupational Therapists to request assessments for grab rails.

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

- Care plans seen demonstrated the staff had worked with the person and other healthcare professionals to meet the person's healthcare needs. One person told us, "The [staff] are marvellous, smiling and cheerful that helps to make you feel better."
- People and their relatives told us that healthcare support was arranged when required.

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 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 were supported by staff that knew the principles of MCA and recognised the importance of people consenting to their care.
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

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.

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

- We received positive feedback about the approach of staff and the care they delivered to people. One person told us, "The staff are caring people and I appreciate all they do for me." A relative told us, "What I like is that they know what they are doing and it is all written down in the care plan."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.
- Staff knew people's preferences and used this knowledge to care for them in the way they wished.
- Staff treated people with kindness and respect. A relative told us, "The staff coming to us are kind and that gives me comfort."

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

- People were offered choices and felt in control of the care they received. Relatives confirmed this and complimented the staff on their caring approach.
- Staff encouraged people to make choices in the way they received their care and this was recorded in their care plan. People made choices to live their life as they preferred. One person said, "I discussed my care at my care review."
- Care plans seen demonstrated the staff had worked with the person and other healthcare professionals to meet the person's healthcare needs. One person told us, "The [staff] are marvellous, smiling and cheerful that helps to make you feel better."

Respecting and promoting people's privacy, dignity and independence

- A member of staff informed us about how sometimes one person wished to have a shower while other times they wanted support with a wash. The member staff further explained how they closed doors so to protect the person's dignity while supporting them. from other family members.
- The service recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- The staff promoted people's independence by discussing options with them and supporting the choices they made.

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's assessments were recorded in their care plans. We saw some detailed information regarding how to deliver person-centred care. Some care plans did not contain full guidance in all areas of people's needs. However, we found staff were knowledgeable about people's needs despite this.
- People had regular staff and they had built good relationships with the staff because the staff knew their likes, dislikes and preferences. A relative informed us that they were going to be late returning to their home. They informed the service and the staff helped by staying with their relative until they were able to get home.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff were able to describe people's preferences and how they liked to be supported. A relative informed us about how their relative's support needs varied from day to day but the staff took this in their stride and supported the person how they wished at that time.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and the registered manager said they would look at any complaints received to assess if action could be taken to resolve and prevent further occurrences.
- The service had not received any written complaints in the past six months. The registered manager considered this was because staff responded promptly to matters and hence resolved them before they developed into a complaint.
- People knew how to complain about the care if they needed to. One person told us, "No complaints and doubt I ever will as I like the staff and they are good, but I would complain to the manager if I had to." Another person informed us they had no complaints but had not particularly liked one member of staff. The registered manager had supported them with the view that not everyone can get along with everyone and had arranged for alternative staff to support the person.

End of life care and support

- The service was not currently providing any end of life care and support. The registered manager was confident this support could be provided by staff training and support from other organisations.

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.

At our last inspection in September 2016, we rated this key question as 'Requires Improvement.' This was because the service at that time had not provided a notification and hence had not informed the Care Quality Commission of important events about the service. At this inspection, we were aware that notifications had been sent to us appropriately and we discussed with the registered manager although they were not in post at the time of the last inspection the process for submitting notifications. The service has improved to 'Good.' In this key question.

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

- The policies and procedures of the service were clearly written in order that people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to ever go wrong.
- The service was led by a manager who was in regular contact with the people using the service and actively supported by care staff and other managers. The registered manager informed us that they were well supported in turn by their manager.
- People and their relatives told us they were happy with the way the service was organised and delivered. One relative told us, "I can speak with the staff at the office and they are both helpful and understanding."

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

- The service had a quality assurance system in place which consisted of audits, checks, surveys and response to feedback. Those audits seen included medicines, documentation, health and safety and accidents/incidents. Action plans were produced to ensure any shortfalls were addressed.
- The service staff arranged for telephone surveys and also spoke with people and their relatives about the care needs and were there any changes needed. Reviews of care in the person's home were also arranged on a six monthly basis or more frequently should the need arise.
- Staff informed us communication with senior staff was good and they sometimes worked alongside them. One member of staff informed us this was positive as senior staff knew the staff had enough time to provide the support but would also be able to constantly review the travelling time between call visits.
- The service provided an on-call support system for the people using the service and staff.

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

- Spot checks at people's homes were carried out so that the service was monitored and helped to develop. This was also an opportunity for senior staff to listen to and gather the views of people using the service.
- The registered manager sought the views of people using the service, relatives and staff and considered these views with regard to how to develop the service.

Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement. The registered manager frequently had meetings with managers of other services within the organisation and senior staff to learn from events and plan the future of the service.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as doctors and district nurses. This supported a multi-disciplinary approach to provide care to the people using the service.