

Prestige Nursing Limited

Prestige Nursing Norwich

Inspection report

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Date of inspection visit:
26 March 2019
27 March 2019

Date of publication:
23 July 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Prestige Nursing Norwich is a domiciliary care agency that provides personal care and nursing support to adults living in their own home. It is owned and operated by Prestige Nursing Ltd. There were 41 people using the service at the time of this inspection. The service specialises in providing palliative care and complex care funded by NHS Continuing Health Care. The agency also supply staff to other providers, but this is not covered by this inspection.

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

Feedback from people using the service was unanimously positive and all the people we spoke with recommended the service.

The registered manager had recently left. The provider had in place temporary management whilst they recruited a new manager. We found governance and auditing processes were not sufficiently robust to minimise risk and ensure best practice was appropriately promoted and recorded. We have made a recommendation about their recording and auditing processes. The service was organised, and management was found to be open and accessible. The management dealt with any concerns or complaints quickly and appropriately. The views of people and staff were actively sought by managers to develop and improve the service.

People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm. We found risks assessments were mostly thorough. However, we made a recommendation to the provider to review their risk assessment practice to ensure all risk were considered and sufficient details were recorded. People received their medicines according to prescriber's instructions.

Recruitment practice was thorough and ensured there were sufficient staff of appropriate character to provide consistent support. Staff received comprehensive training and nurse led support ensured they were competent to carry out intensive and complex, health and social care. Staff monitored people's health and helped them access health care services when they needed them.

People were usually 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; the policies and systems in the service supported this practice. The provider had a specialist nurse to support best practice in caring for people living with dementia.

Staff were described as professional, reliable and caring; they promoted people's independence and dignity. The provider completed comprehensive person-centred care plans; they completed regular reviews and were responsive to changes in needs. The provider regularly sought feedback from people using the service

to ensure the service was meeting people's preferred outcomes. The provider was skilled and experienced at providing end of life care.

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 4 August 2016).

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 Norwich

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 an inspector, an inspection manager 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 and nursing support to people living in their own houses and flats.

The service should have 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. However, the registered manager had left the service shortly before this inspection. One of the lead nurses in the agency had agreed to act as the manager whilst the recruitment of a new manager was undertaken.

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. We also needed consent to speak to people using the service to be gathered.

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, NHS continuing health care team 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 this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including six care staff, a nurse specialising in dementia support, the acting manager and the regional quality and compliance manager.

We reviewed a range of records. This included five people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision and reviewed the providers training records. A variety of records relating to the management of the service, including audits, quality assurance records, complaints and incident records, policies and procedures were reviewed.

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 'requires improvement'. At this inspection this key question has now improved to 'good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Where risks were identified, thorough assessments were completed by the senior staff or nurses at the beginning of care provision and reviewed every six months or sooner if changes were identified. However, we found occasionally not all risks had been identified and assessed. For example, one person's care notes recorded recent seizures, but no risk assessment was put in place to guide staff on managing future seizures. Records showed the impact of this had been minimal as staff acted correctly to manage the risks. The environmental risk assessments sometimes lacked detail such as what fire detection systems were in place in people's homes.
- Measures were usually in place to provide guidance for staff on how to manage and minimise risks. However greater detail was sometimes needed regarding what the desired outcomes should be and what to do if these outcomes were not being met. For example, food and fluid charts were used but did not always state the desired outcomes or what actions would be required if the desired outcomes were not met.
- The provider was not always supportive of positive risk taking. For example, staff in one situation were advised not to support a person's dietary preferences when occasionally it was contrary to medical advice; even though the person involved was mentally capable of deciding whether the benefits of their personal preference outweighed the potential risks.

We recommended the provider consider current guidance on completing risk assessments and take action to ensure all risks were appropriately assessed and positive risk taking was suitably supported.

Systems and processes to safeguard people from the risk of abuse

- All the feedback from people using the service and their relatives was that they felt safe. One person said, "[the staff] are safe definitely – you can trust them."
- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these.
- Staff demonstrated a good awareness of the types of abuse possible and how to recognise potential signs of abuse. Staff knew to inform the provider if they witnessed or had an allegation of abuse reported to them. However, staff were not always aware the local authority holds responsibility for ensuring all safeguarding concerns are investigated appropriately. The provider agreed to ensure all staff were made aware of the local safeguarding helpline.

Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their

competency to do so was checked regularly by the provider.

- The provider audited the medicines administration recording monthly to monitor and respond to any errors found.
- The provider had a policy for the administration of 'as required' (PRN) medicines, however there were not always separate protocols for each PRN medicine prescribed. PRN protocols are needed to ensure staff have clear guidance on when to support people with medicines that were prescribed to be administered as required. The provider assured us that they would put missing individual protocols in place quickly.

Staffing and recruitment

- The provider operated a robust and thorough recruitment process to ensure that staff were of appropriate good character to provide care in people's own homes. They aimed to recruit staff with a minimum of six months experience in care.
- The provider ensured they had sufficient staff with a rolling program of recruitment. One relative explained that the provider ensured they had enough staff with appropriate training to meet the person's healthcare needs before commencing care, "They planned ahead and got four carers trained whilst [the family member] was still in hospital. I've got seven carers so if one goes sick I've still got cover."
- The provider advised they aimed to match staff to people using the service to promote positive relationships. Ongoing measures designed to promote retention of staff, such as carer of the month awards, staff discounts scheme and confidential counselling were in place, thereby promoting consistency of care staff for people using the service.
- People told us they received a rota in advance. They also said they valued usually having the same care staff visit and that the timekeeping was good. One relative commented that, "because of [the person's] complex communication requirement it is important to have the same carers, which we are getting."

Preventing and controlling infection

- People told us staff were provided with suitable personal protective equipment such as gloves and aprons.
- Staff were able to explain safe practice in relation to maximising infection prevention and control, such as changing gloves between individual tasks.

Learning lessons when things go wrong

- The provider showed that they took a proactive approach to reviewing accidents or incidents with all the individuals concerned.
- We saw feedback and revision to practice learnt from incidents was given individually to staff, through weekly bulletins and during regular staff meetings.

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. 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 told us that their assessments and care plans were devised with their input and that they reflected their desired outcomes and preferences. We saw that the care plans included clear details of tasks, the person's aims and preferred method of support.
- The provider ensured that people's level of need was appropriately assessed initially, and the competency of the care staff matched their need. The provider completed a courtesy call to check that the service was meeting the person's needs 48 hours after commencement. They visited to review the care provided after four weeks and thereafter every six months, or sooner if required, to ensure the service was being effective.
- People told us the care was effective. One relative commented, "It's important that staff stick to the routine - as we have regulars they know it without a shadow of a doubt". Another person commented, "They ask me if things are alright and if not, they make it right for me."

Staff support: induction, training, skills and experience

- All the people using the service commented positively on the staff's skills and capabilities. One person told us the carers were, "Very professional" and another said, "[staff] know what they are doing".
- The provider had a comprehensive induction and training programme. New staff completed the Care Certificate, an industry recognised national training programme for staff working in health and social care; and spent time shadowing experienced staff. Staff had regular checks and refresher training on their key skills and competencies.
- Nurses would ensure each member of staff required to provide healthcare tasks were individually trained. They were also assessed regularly to check their competency. One relative told us, "[name of person] has a specialist feeding device – the staff all know how to do it. The nurse from Prestige comes and trains each of the carers in it. Once, one carer noticed a problem with the device and we took [the person] straight up to the hospital."
- Staff retention and hence levels of experience were good. This benefited people because staff got to know them well and fully understood their needs and preferences.

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

- Staff understood people's needs and preferences in relation to food and hydration.
- For people at risk of malnutrition, there were separate assessments and it was recorded how much they were eating and drinking. However clearer guidance was needed within these assessments. The assessments did not include the desired outcomes, how these should be monitored and what to do if the outcomes were not achieved. The provider agreed to immediately revise their assessment tools and practice to this effect.

- People told us they were supported to maintain a healthy diet and were offered choice.

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

- The provider was able to provide packages of care at short notice to meet urgent needs. One commissioner noted, "I find them incredibly responsive to new referrals such as end of life discharges [from hospital]. They have a high calibre of nursing oversight and deal with some of our very complex clients well."
- People told us the provider supported them to access healthcare services when appropriate. One relative said, "They let me know when there is a problem such as a sore [skin] so I can get help - the community nurse." Another person described, "the staff have picked up on symptoms - they suggested ringing the doctor and assisted getting antibiotics within 2hrs when [the person receiving services] became confused with an infection."
- We were told by people using the service the provider assisted them to attend medical appointments when appropriate. One person said, "Staff take you to the doctors when I need to go and come in with me which is really helpful."
- We saw evidence that the provider liaised with various health and social care professionals to optimise the health and well-being of the people using the service and ensure the most appropriate care practices were used.

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.

- We checked whether the service was working within the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People told us they were supported to make choices such as what to wear or whether to go out. One relative commented, "They are brilliant. They explain what they will be doing and will listen to [the person] about what they want."
- The provider had recently recruited an 'Admiral nurse', someone who specialised in dementia care, and they were updating their policies, systems and training to ensure best practice. This nurse also gave individualised guidance to staff and families on best practice and how to support people with behaviours that might challenge.
- We saw mental capacity assessments had not always been recorded fully in relation to specific decisions. These records should guide staff as to which decisions people were likely to be able to make and how decisions should be made were they unable to do so themselves. The provider had begun, with the Admiral nurse, to address this.
- Feedback from relatives of people living with dementia was very positive. One relative said, "The staff working on this package are kind, compassionate and understanding. They offer high levels of service delivery and interact very well with my [relative] who at times can be challenging."
- Staff had a good understanding of the MCA and could describe how to support people to understand their choices and make decisions whenever possible.
- Records showed they had involved relatives and other professionals where necessary to make decisions in a person's best interests. They had recorded where there was a person legally authorised to make decisions on behalf of the person receiving care.

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. 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

- All the people we spoke to talked very positively of the professional but caring nature of the staff. People described the staff as giving time to talk and listen to the person. One person using the service described the staff as, "Excellent and very caring," whilst a relative described the staff as, "Gentle and patient."
- When the people being cared for were unable to communicate verbally, the relatives reported the staff took care to learn the most appropriate communication methods to use. This included sign language and developing good understanding of the non-verbal communication of the people receiving care. This was also supported by the consistency of the care staff used which ensured familiarity.
- The provider evidenced that they took people's preferences into account, for example with providing a more mature staff member or staff of particular gender on request.

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

- Staff described how they always asked people what help they wished for and offered choice. People told us they were always asked for consent and staff explained what they were doing.
- The views and preferences of people using the service were clearly expressed in their care plans. One person receiving care described the flexibility and willingness of staff, "If I want something, they'll do it."
- People were regularly asked for feedback on the staff and the service they received.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote people's privacy and dignity. People told us they were not rushed and were enabled to retain as much dignity and pride in their ability as possible. One relative described the care taken with their relative who was living with dementia. The staff member "supported [the person] to varnish their nails, massage their feet as per the occupational therapy instruction and wash their hair."
- The provider evidenced how they supported people to be as independent as possible. Staff told us they tried to encourage people to do things for themselves. For example, supporting people to complete as many aspects of their personal care as possible themselves or engaging them in activities of personal interest. One person using the service told us, "[The staff member] takes me out for a walk every day. I use a stick and take their arm. Walking every day is good for me." Another person told us the staff supported them to go out for lunch regularly.

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 remained the same. 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

- The provider completed a personalised profile of the person, their background and things that were important to them to support staff to build a rapport with people using the service.
- The provider aimed to match staff with similar interests or preferred characteristics to each person receiving care. The people we spoke with all told us that staff continuity was good and matched their preferences. One relative explained a member of staff appeared to trigger anxiety for the person receiving care who was living with dementia due solely to an aspect of their appearance. They said the provider, "Accommodated this straight away and changed the carer."
- The people we spoke with all confirmed they received regular visits by senior staff to check and revise the service to ensure it continued to meet their needs and wishes.
- When a change in needs or circumstances occurred, we were told by staff the provider was quick to revise the package of care provided and communicate this with staff. People using the service also commented that the provider was quick at making alterations when required. The provider also provided support to enable relatives to have breaks or attend events.

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.

- We saw evidence that the provider took appropriate steps to ensure information was provided in an accessible way, such as large print and pictorial information.
- We were told by a relative, staff made particular effort to find communication tools and learn appropriate sign language to support a person with specialist communication needs.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain but were unanimous in saying they had no cause to complain. They reported that whenever they raised an issue it was quickly responded to and dealt with appropriately. One person commented, "I've never had to complain, in fact the reverse – the commissioners tried to change us to a different agency, but we wanted to stay with Prestige"
- We saw that the management kept a log of complaints and concerns (of which there were few). Their responses were detailed and used to aid learning and development of the service.

End of life care and support

- The provider specialised in providing end of life care and gave their staff substantial training and knowledge in this area. They used the nationally recognised 'Six steps - end of life care' training programme.
- The provider worked with other agencies and services to ensure a responsive service which adapted to the often rapidly changing needs of people receiving end of life care.
- The provider usually noted the person's wishes during their initial assessment and was clearly supporting people's end of life choices. The provider had 'advanced care plan' documentation to record people's preferred wishes for end of life care. However, we found these were not usually completed and it was unclear whether any attempt had been made to support people to complete them. Advanced care plans could provide both the dying, their families and the staff reassurance that the person's wishes were being respected. The provider agreed they would ensure conversations about end of life wishes were attempted and the outcome recorded whenever appropriate.
- Feedback from people receiving end of life care was very positive. One relative commented, "they are caring, they listen. They come over as being very knowledgeable and confident in what they do, without being intrusive."

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'. 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

- At the time of the inspection there was not a registered manager in place. The provider had recently notified CQC that the registered manager had resigned after a lengthy absence from work. The lead nurse was acting as the temporary manager whilst recruitment was undertaken.
- There were governance and auditing procedures in place. This included monthly audits of medicines administration and daily records alongside regular checks of service user and staff records by management. We found these processes had not always been effective and that there were issues in several key areas. This included issues with risk assessments, PRN medicines protocols, mental capacity assessments and advanced care plans (as noted throughout this report). Whilst we found these were primarily recording issues and had not yet significantly impacted on people using the service, this posed increased risks. It also showed the provider was not ensuring best practice was always followed.

We recommend the provider considers current guidance on recording in the areas identified, and the associated auditing processes, to ensure they are in line with best practice and mitigate risks appropriately.

- The provider had submitted required notifications to CQC which keep us informed of events and incidents within their service. They agreed to ensure that this would continue during the absence of a registered manager.
- Office staff were cross trained in different areas and could support care staff when necessary. Contingency plans were in place which ensured there were no missed calls, even during untoward events such as the severe winter weather last year.
- There were clear roles and responsibilities within the service. The care staff acknowledged the support and expertise of the clinical nursing staff was valuable and supportive when often dealing with complex healthcare matters.

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

- The provider had a clear vision and ethos of providing high quality personalised care; offering a caring, skilled and reliable service.
- All the people using the service we spoke with described the provider as very professional and compassionate. People commented the office and out of hours staff were accessible, easy to talk to and

responsive. One person said the service was, "impeccable," and another said they were "worth their weight in gold." Everyone using the service we spoke with recommended the service to others.

- Staff we spoke to all were positive about the culture and management of the service. Staff felt valued and supported. One member of staff described the service as "very professional, makes you feel proud." Every member of staff we spoke with recommended the provider to work for.
- The provider recognised that providing end of life care can impact on the well-being of their staff so had joined an independent employee assistance scheme which provided confidential support and counselling to staff on request.

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 provider encourages feedback about the service with regular surveys on both general quality of provision and feedback about individual staff.
- The office and on-call staff maintained a communications log to ensure issues or concerns were dealt with or handed over appropriately. The complaints procedure showed a willingness to honestly address concerns and learn from mistakes.

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

- Staff were supported with regular supervisions and appraisals. This included regularly gaining direct feedback from people using the service during supervisions held in people's homes.
- The provider actively worked to ensure their service was accessible to all and ensured staff were provided with training to support specific characteristics such communication through sign language.

Continuous learning and improving care

- The provider had development plans which included plans to digitalise care records. This aims to enhance the responsiveness and quality monitoring of a service.
- The provider was pro-active in developing their practice. For example, they had recruited a specialist nurse to improve their mental capacity assessments and care for people living with dementia.

Working in partnership with others

- The provider demonstrated strong links with the local healthcare commissioners and allied health care professionals and organisations such as Marie Curie, community nursing and occupational therapists. One commissioner commented, "They have a high calibre of nursing oversight and deal with some of our very complex clients well. They are proactive in managing cases and always offer relevant and accurate feedback on our clients and their needs."