

Prestige Nursing Limited

Prestige Nursing Staffordshire

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Prestige Nursing Staffordshire provides complex care and support to adults and children living in their own homes in the community. At the time of the inspection they were supporting ten people.

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

People received safe and effective care and support to meet their individual needs. People were protected from harm. Staff were confident to recognise and report abuse. Risks were assessed and managed to keep people safe. Staff were confident to identify risks and act to ensure people remained safe. People received their medicines safely.

People received support from a consistent staff team who were well trained to deliver personalised care in line with their complex needs. Staff were safely recruited to ensure they were appropriate to support people who used the service. Staff were well supported.

People's needs were assessed and documented to ensure their care needs were met. Care plans were detailed and effective to ensure staff always had access to the most current information. Plans were reviewed regularly as people's needs changed. 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; the policies and systems in the service supported this practice.

Staff worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate and safe support. People were supported to access healthcare, and other agencies, when required. People received appropriate support to eat, drink and prepare meals.

Staff were caring and respectful, promoting people's privacy, dignity and independence.

Staff sought people's consent before supporting them and decisions about people's care and treatment were made in line with law and guidance

People's care was responsive to their changing needs. People, relatives and health and social care professionals were involved in the assessment and planning of their care this joint working meant people's needs were met fully. People knew how to raise a concern and always felt listened to. Information was available in different formats to make it accessible.

People felt the service was well managed. Staff had regular opportunities to share their views about the service. Staff felt listened to when they shared feedback. The provider carried out audits to ensure the quality of care provided and feedback was sought from people who used the service to ensure continual reflection and development.

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

Why we inspected

This was a planned inspection

Rating at last inspection

This was the first inspection for this agency since registering with CQC at their new location.

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Prestige Nursing Staffordshire

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

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

This service is a domiciliary care agency that provides personal care and nursing care to people living in their own homes. People were supported to receive complex care and staff worked under the guidance of a qualified nurse.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 24 October 2019 and ended on 30 October 2019. We visited the office location on 24 October 2019.

What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to plan our inspection. We asked the local Healthwatch for any information they had which would aid our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with five people's relatives/representatives to establish their views and feedback about the service provided. We contacted relatives because people who used the service would not have been able to express their views with us.

During the inspection

During the inspection we spoke with the registered manager, the deputy manager and six support staff. We reviewed a range of records. This included three people's care records. We also looked at quality assurance records, as well as reviewing the electronic system for monitoring staff recruitment, training and competence.

Following the inspection we received feedback from three health and social care professionals who had recently worked with the registered manager and the team.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and people felt safe with staff support. A relative told us, "[Person's name] is safe with the staff, they know what their triggers are and work consistently to avoid causing [person] upset. I wouldn't let [person's name] go with them if I didn't feel it was safe and [Person's name] would refuse to go if [they] weren't happy."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns.
- The registered manager and the deputy manager were aware of the procedures to follow to report abuse to protect people.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively. In conversations relatives demonstrated an awareness of risk assessment processes and told us staff adhered to them. For example, one person was assessed to have two staff to support them to remain safe. The relative told us there were always two staff to support their family member.
- Staff were knowledgeable about risks associated with the people they supported and assessments and plans clearly identified risks.
- The registered manager reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this.

Using medicines safely

- People's relatives were satisfied with the support their family members received to administer medicines and they felt that staff had been appropriately trained to do it safely.
- People received varying levels of support to administer medicines. Some people received support from family members and some from staff using a variety of administration techniques. One relative told us, "Staff administer [person's name] medication, they do it via the PEG. I have never had any problems with any medicines not been given as they should be or not filling in the sheet. The staff are trained both for the PEG and how to give the medicines." A PEG is a tube inserted through the abdomen wall to provide a means into the stomach to allow nutrition, fluids and or medicines to be put directly into the stomach.
- Staff confirmed they had received training and competency checks before they could administer medicines. Where more specialist administration procedures were required staff had received appropriate support and assessment from health care professionals.
- We saw how the registered manager had audited medicine administration records and where issues had been identified they had recorded actions taken to reduce likelihood of a reoccurrence.

Staffing and recruitment

- People received support from staff in sufficient numbers to meet their care and support needs safely. People's relatives told us that staff were punctual and any delays were passed on to them. One person told us, "The staff are always on time and if they were running late, we get a call to let us know." One told us, "[Person's name] always has two staff to support. They have about 10 staff in the team. They have never had a missed call". Another relative told us that it was important that staff were consistent and punctual as any changes negatively affected the person's behaviour.
- Staff had been recruited safely. Staff told us how they had been required to provide evidence to demonstrate their suitability prior to them working with vulnerable people. The records we looked at reflected this happened.

Preventing and controlling infection

- People were protected from the risk of cross infection because staff had access to personal protective equipment and they used it appropriately. They understood the importance of using it to protect people from cross infection.
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- The registered manager told us they always reflected on situations to see what they could have done differently or better. They told us they had good support networks and could just "Pick up the phone and chat" when they needed advice, support or reassurance.
- The registered manager told us how they reviewed care plans and risk assessments when things had gone wrong.
 - Accidents and incidents were reported and documented. The provider had a structure where information was shared within appropriate departments to review and consider any lessons that could be learned.
 - Branch meetings took place where managers reflected on their practice and the practice of others to learn from experiences and improve and develop the service.
 - Staff told us how they reflected on their practice and worked closely within their teams to ensure improvements were continually made to the care provided.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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's needs were assessed and identified prior to the start of the service. This meant the provider knew if they were able to meet the person's needs.
- We saw three people's care and support plans. They were comprehensively written. Relatives told us they had been involved in the development of the plans, as were other professionals. A relative told us, "I am involved in [Person's name] care planning, but so is the whole team who help me."
- Plans seen were detailed and personalised. People's needs, and preferences had been identified and documented to ensure staff could meet those needs. This included information about people's life experiences, individual preferences and health care needs.
- Care plans were updated when people's needs changed, and staff spoke positively about the level of information they received and felt it enabled them to deliver good quality care.
- In discussions, staff were knowledgeable about people's needs and preference, including little details that made care personal. A relative said, "The staff know [person's name] well. They know what they like."

Staff support: induction, training, skills and experience

- People's relatives spoke very positively about the knowledge and skills of the staff who supported their family members. One relative told us, "The staff know [person's name] well, we all work together."
- Staff spoke very positively about training opportunities that equipped them for their roles. Staff who supported people with complex care needs told us how the training was bespoke and delivered by qualified health professionals. They also said that they received ongoing support until they were confident and competent. This meant they could meet people's needs effectively.
- A new member of staff told us the training, support and induction they had received had been 'great'.
- Staff felt well supervised and supported. One staff member told us, "It's great, we are well supported." Another said, "We have good support and great team work." Staff told us they received regular one to one meetings, team meetings and observations while they were working. All of these made them feel that well supported and supervised.

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

- Where people received support from staff to eat, drink and prepare meals they received sufficient and appropriate help to ensure they maintained their health.
- Staff knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes. Staff worked with people's family members to do this.
- Where people had specific dietary needs, staff were aware of these and care plans offered detailed

guidance about how people's meals should be prepared, and the support they required to eat safely.

- Where additional support was required in order to help people with eating and swallowing staff worked with health professionals appropriately to ensure safe and effective support.

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

- Staff worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate. A relative shared example of working with staff, social care professionals and advocates to ensure care was consistent and appropriate for their family member.
- The registered manager liaised with health and social care professionals to ensure continuity of care. We heard them liaising with health professionals to ensure a person received appropriate and ongoing support.
- A social care professional told us, "From a professional's point of view I've always found them very approachable and professional."

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

- The service worked closely with external professionals, such as specialist nurses, to ensure people received the right support. Information reflecting joint working was seen on the care files we reviewed.
- Joint working was effective to ensure people received the care they required while remaining in their own homes. A health professional shared an example with us and told us, "They were able to respond to a very specific request for a client which enabled the individual to be nursed in their own home."
- People told us they were supported to go to the hospital, doctors and the dentist as required. Records detailed outcomes.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- People were supported to be involved in decision making as far as they were able. When people were unable to do so, appropriate support was sought. For example, family members, advocates and multi-disciplinary team members. One relative told us, "I am involved in [person's name's] care planning, but so is the whole team who help me. We talk to [person's name] and make decisions together based on what we know they like and enjoy."
- People were supported to make day to day decisions using their preferred communication methods and staff respected decisions made to ensure positive outcomes for people. One relative told us, "[Person's name] will move their finger to say no. We all know this and wouldn't force [them] to do anything."
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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 happy with the staff who supported them. A relative told us, "[Person's name] is really happy with the staff and I wouldn't change anything about the staff or the service." Another said, "Staff are caring, I can see it in them, they know what makes [person's name] happy."
- Staff were introduced to people prior to supporting them. This meant that people could meet staff and feel reassured. One relative told us how they valued this approach. They told us, "We only started using the service last week and after the initial contact and assessment there was a meet and greet, all the staff to work with [relative] came to meet them and me and introduced themselves. This was great I have never had it before. I have used different services in the past and these are great."
- Staff respected and promoted people's equality and diversity by treating people as individuals. Relative told us staff knew what people liked and this meant they could deliver a service based around the person. Staff spoke warmly and empathetically about the people they supported, with one staff member saying that they treated people how they would like to be treated.
- Staff were aware of people's individual needs, including their, sexual, cultural and religious needs. Records reflected people's protected characteristics. This ensured that people received personalised care.

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

- People's relatives told us that people were involved in making decisions about their care. When they were unable to do so staff worked with relatives and other agencies to plan people's care based upon their known likes and preferences. One relative told us, "Staff are caring, they always wait for [person's name] to make the first move, that's how [they] like it. They are always coming up with new ideas about where to go and talk to me about them." Another relative said "I am involved in all of [person's name's] care planning. Last week we were at the school for a review and staff from Prestige were there too, we all work together."
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines. Support was centred around meeting people's individual needs and choices and this was flexible as people regularly changed their minds. Relatives reflected that this happened.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff encouraged people to be as independent as they were able.
- Staff shared examples of how they actively promoted people's privacy and dignity while offering support. One relative told us, "They always knock before using the key code, then they introduce themselves, [person's name] is starting to recognise them now. They always treat [person] with dignity and respect, like closing the door when they help them to wash and dress."

- Some people lived with their families and family members were the main care providers. Staff worked closely with relatives to respect their knowledge and wishes in relation to providing continuity of care. Other people who were more independent were supported to remain in touch with their families and friends thus maintaining links with people that were important to them and enhancing their quality of life.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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

- Care and support was planned in accordance with people's needs and preferences. Given that some people received complex care their assessments were carried out by a range of professionals who shared information with the agency to ensure all information was available to them. A social care professional told us they were, "Extremely impressed by Prestige's attention to detail in the build up to the care starting." Another professional said, "Prestige recruited staff specifically to care for the individual and the teams consistently performed and treated the individual with compassion, confidence and professionalism. The agency planned for annual leave and short-term contingency (e.g. to cover short term sickness)."
- People, and their relatives, were involved in the development of care plans and plans were flexible and reviewed regularly. One relative told us, "I am fully involved in [person's name] care plan. They have employed a paediatric nurse who came out last week to review the care plan with me, they listen to what I say, we all want the best for [person's name]. This meant staff could meet people's expectations as well as their changing needs."
- Staff said care plans were person centred and informative. They were knowledgeable of their content meaning they could offer a personalised service that met people's needs and preferences.

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.

- The provider met the accessible information standard. Staff shared examples of how they communicated with people in different ways. We saw that information was available in large print and some people used pictures and gestures to communicate. Staff were familiar with these to ensure they could respond to people's needs and wishes. This meant people could be actively part of decision-making and information sharing processes.

Improving care quality in response to complaints or concerns

- People said they would speak with named staff if they were unhappy about anything. One relative told us, "If I had any concerns I would tell the staff, or I would call the office. I haven't had any." One person told us things had improved since the new manager was appointed. They said, "In the past I don't think complaints were dealt with, I don't want to go into details, but now I think this manager is much better and I feel confident if I had any concerns they would be dealt with."

- Senior staff were aware of complaint processes and were confident complaints would be quickly addressed.
- The complaints procedure had been completed in an easy to read format to make it accessible to people.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans had the facility to reflect how they would like to be cared for at the end of their life. Staff were mindful of the sensitivity around approaching this subject with the people they supported.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- People we spoke with told us they felt the service was well run. One relative told us, "It is a brilliant service, I have no qualms with recommending them. The staff are helpful and will do anything to make [person's name] happy." Another relative said, "I think the manager is good. I am very happy with how things are going."
- The management team worked together to ensure the service was delivered based around the needs and wishes of individuals who used it. Relatives, staff and professionals commented positively on the management of this service.
- The registered manager and the deputy manager were aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The registered manager understood the responsibilities of their role and acted in accordance with them as did other senior managers. Notifications of incidents, events or changes that happen at the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. Outcomes were shared within the staff team to drive improvement. We saw that action plans for improvement were developed from these and timescales set for completion.

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

- People's representatives told us how they felt involved and consulted in relation to how their support was delivered. One relative said, "I am happy with the service, they do a great job."
- People's views and opinions were valued. People's individuality was respected. Care plans were very detailed about people's views, choices and decisions.
- Staff had opportunities, both informal and formal to discuss issues and make suggestions for improvements and changes. Staff felt their views were listened to. Staff told us they attended staff meetings

where they were consulted, and information was shared with them about developments and changes.

Continuous learning and improving care

- The registered manager told us how incidents or accidents were reviewed and discussed in staff teams and at higher levels. They told us any learning from them would be taken on board and actioned to prevent possible reoccurrence.
- In discussions staff also reflected an ethos of sharing mistakes and learning from them within a safe and supportive environment

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service.
- Staff had good relationships with health and social care professionals and shared examples of how joint working and effective information sharing had a positive impact on people.

Leadership and management

- The service was well managed and well led. A relative told us, "I have met the manager and they are professional I have used other services and I can already tell the difference in the quality of the organisation." Another said, "If I need to call the office they listen to what I say, they are approachable." ● Health and social care professionals spoke to us about the service's professionalism. One health professional said, "I have found them helpful, professional and willing to meet the needs of complex clients."
- All staff knew their roles and responsibilities and communication between staff was effective. One staff member told us, "The registered manager is great. We are well supported."