

Prestige Nursing Limited

Prestige Nursing Derby

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 Derby is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a service to people with physical disabilities people with dementia and older adults. At the time of the inspection 50 people were receiving support with personal care.

People's experience of using this service:

People were not consistently protected from the risk of harm. Poor staff consistency over visit times, missed calls and accuracy of staff visiting rotas left people at risk of harm. However, staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety.

A range of risk assessments were completed, and preventative action was taken to reduce the risk of harm to people. People were supported with their medicines in a safe way. People's nutritional needs were met, and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment process which ensured staff were suitable to work in care services. There were enough staff to meet people's needs. All staff received training for their role and ongoing support and supervision to work effectively. Some staff received specialist training for people with complex needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.

People were involved in their care as far as possible and care plans were regularly reviewed and updated as people's needs changed. Where appropriate people's relatives were involved in planning and reviewing people's care.

Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure people's care needs were met. People's relatives were happy with staff who provided their relations personal care needs and all had developed positive trusting relationships.

People and their relatives were encouraged to provide feedback about the service which was used to assess the quality of the service and to make any improvements. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to. The provider had received many thank you cards and questionnaire feedback which included positive comments regarding the care staff provided.

The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality, person centred care.

The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong, and improvements made to prevent re-occurrences. The provider worked in partnership with other agencies to meet people's complex and diverse needs and people's health and well-being was continuously monitored at the service.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This was a planned first rating inspection. The location was registered on 29 June 2018.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 Derby

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 and two experts by experience who made calls to people prior to the inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger people, some with physical difficulties, older adults and people living with dementia.

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 visit because we needed to be sure that the registered manager would be available.

We made calls to the people who used the service on 10 April 2019. We visited the office location to see the registered manager and to review care records policies and procedures on 17 April and made calls to staff on 30 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider

Information Return (PIR). 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. We used this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and ten relatives. We also spoke with the provider, registered manager, a care co-coordinator and three care staff.

We reviewed a range of records. This included five people's care records and three staff recruitment files. We also viewed training records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a range of additional information which was sent promptly following the inspection. We used this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- People and other people's relatives provided mixed opinions about the punctuality of staff. One person said, "They are usually on time and if they are late, they will usually let me know." A relative said, "They don't appear to listen to the issues and deal with them. For example (relative's name) has extra hours to cover the school holidays and despite my asking for the hours to be covered well in advance they don't seem to be able to do it. A second relative said, "They are usually on time although there have been occasions when they have been late, and they [office staff] haven't let us know. It was quite bad six [or] seven months ago but seems to have improved recently."
- People told us they received a rota informing them which staff would be attending care calls. However, this was not always a true reflection of which staff visited, and some people told us times were changed and people were not always informed. Others told us calls were missed. We spoke with the registered manager who told us about some geographical issues with the staff in particular areas. The company has now commenced changes to assist staff in these areas.
- Most people told us that for most visits they received calls from a small group of staff which they liked as it encouraged consistency. One person said, "They send me a list [of staff names], I can get different ones [staff] that come but I have got to know them all." A relative said, "[Named] has a group of three regular male carers that look after his special needs."
- Staff told us they could experience delays traveling between calls at peak times of the day.
- We had mixed opinions from staff if they had enough time to get to each call and to complete the required tasks. One staff member said, "Sometimes when I travel from Derby to Nottingham to complete a call, there can be delays." We spoke with the registered manager who said they tried to roster calls following on from each other, but this was not always possible. The regional nurse (manager) stated the company were making changes to staffing to resolve the problem.
- Staff confirmed that their rotas were provided through the 'App' on their mobile phone and were circulated in advance. Staff used the 'App' to record the start and finish time of the call and view people's care plans. All calls were monitored by office staff which helped to ensure people received punctual calls that met their assessed needs.
- Robust recruitment checks were carried out before staff commenced their role. New staff had appropriate references, criminal record and identity checks completed before commencing their roles. These checks enabled the provider to assure themselves that the staff member was of suitable character to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of avoidable harm. Most of the people and other peoples' relatives we spoke with told us they felt safe with the visiting staff. However, one person told us staff had not secured

their key safe properly. We spoke to the registered manager about this who said, they had put contingencies in place to reduce these risks.

- Staff knew how to identify the different signs of abuse and felt confident their concerns would be acted on by the registered manager or office staff.
- Staff had completed safeguarding adults and children training and this was up to date.
- The registered manager was aware of their responsibilities to inform external agencies such as the local authority safeguarding team and the CQC were notified of all relevant incidents.
- The service had safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were assessed and plans to manage risk were included in people's care plans. This included risks relating to the person's medicines, mobility and their home environment. Records showed assessments were detailed, reviewed regularly and reflected the current risks to people's health and safety.
- Staff occasionally worked with the same people, but consistency of visiting staff was not assured. This resulted in some people having to explain the way they preferred their care to take place. We spoke with the registered manager who has planned to take action to alleviate this issue, by ensuring staff consistency of visits.
- The provider had a system to record accidents and incidents. The registered manager had ensured CQC were informed of any accidents or incidents in a timely way.

Using medicines safely:

- People received the support they needed with their medicines. One person said, "They do my medication as per my MAR [medication administration record] sheet. They have been trained and signed off by the nurse to administer medical procedures." A relative said, "They give [named] one pill a day and sometimes some Paracetamol, they sign the sheet [medication record] to say they have done it."
- Care plans contained guidance for staff when supporting people with their medicines. Some people could manage their own medicines and others only required prompting or had relatives to support them. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Staff who administered medicines had been trained to do so. The registered manager told us staff received regular assessments to ensure they remained competent and administered medicines in line with their training.

Preventing and controlling infection:

- People and other people's relatives confirmed that staff wore personal protective equipment (PPE). One person said, "They do wear gloves and aprons when it is appropriate."
- Staff had received training in infection control and had access to PPE such as gloves, aprons, shoe covers and hand gel.
- People and other people's relatives told us staff practiced good infection control measures.

Learning lessons when things go wrong:

- The provider had processes in place to investigate and act on incidents or accidents that could affect people's health and wellbeing.
- The registered manager said any information and updates were shared with the staff through individual or group meetings and the use of email communication. They also had the option of including information directly to individual staff through the mobile phone 'App'.
- Staff had a facility to report concerns via their mobile phone 'App' which relayed information to the office

staff immediately. This meant that accidents or incidents could be acted on quickly, reducing the risk to people's safety.

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.

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:

- Before staff commenced care the provider undertook an assessment to ensure people's needs could be fully met by Prestige Nursing Derby.
- People received care that reflected their assessed needs and personal choices.

Staff support induction, training, skills and experience:

- People and other people's relatives told us they found the staff to be knowledgeable and they understood how to provide the right levels of support. One person said, "[Staff certainly are very skilled in sorting out all my tablets and [are] very good assisting me to shave, wash and shower."
- Staff we spoke with told us they had induction training when they commenced employment, which was a mixture of face to face and online training.
- Further specialised staff training was provided where a specific need arose. For example, care for people with motor neurone disease (MND), multiple sclerosis (MS), cerebral palsy and Autism. A member of staff said, staff were encouraged to complete these courses in readiness to take on roles caring for people with these complex health conditions.
- Staff confirmed they were offered regular supervision. Staff supervision can be used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. This enabled their practice to be regularly assessed to ensure they continued to provide people with effective care and support. A relative told us, "Sometimes someone from the office comes out to watch the staff and they also send out letters asking how staff are doing."
- Staff also completed an annual appraisal which helped the registered manager and staff plan any additional training they required.

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

- People received the support they needed from staff with their meals. A person said, "They [staff] always get my breakfast for me. I have cereal which they do and get a drink to go with it. I am quite able to eat it myself without further help. After they will prepare my lunch, they cut up the cheese, which I struggle to do with my hands, get a banana and yogurt ready for me and wrap them all up ready for me to eat."
- People's care records contained guidance for staff on the support they needed with their meals. People's likes and dislikes were also recorded.
- Where people had specific health conditions that could affect the way their food and drink choices were produced and served, detailed guidance was in place to support staff.

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

- Staff understood how to identify when people needed intervention from a health or social care team.

Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

- Specialist advice, training and instruction had been arranged for a number of people using the service.
- Staff and management knew people well and could identify when people's needs changed and seek further advice.

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

- People were supported to access healthcare services where needed. This included visits and back up information from specialist healthcare staff and visits to GPs. A relative said, "They [staff] have been very good and adapted to [named] needs. They all seem to know what they are doing, they notice any changes to [named] skin and contact me. On a couple of occasions, they have contacted the District Nurse and surgery directly. I don't have to worry I know they are looking after him."

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 and found they were. The registered manager and staff had a good understanding of the MCA.
- Where people could make decisions for themselves records showed they had agreed with the care that was to be provided. Staff explained how they engaged people to gain their consent. One person said, "They always ask me if I am ok and what I want doing before they proceed."

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and other people's relatives told us they built relationships and trust with the staff who supported them or their family member.
- The provider recognised people's diverse and individual needs. The company had a policy in place that highlighted the importance of treating people equally.
- Staff understood people's personal choices, cultural and gender preferences, which were recorded in people's care plans. A relative said, "[Named] has to have his pads changed and cleaned and they are most respectful doing this which is why he likes having the men to do it for him."

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

- People and other people's relatives felt involved with decisions about their or their family member's care. A relative said, "[Named] does interact well with the regular staff as they know and understand [named]."
- Staff told us they involved people in making decisions about their care. For example, one staff member said they would engage people in conversation, explain what care they were there to offer and ensure the person was fully aware before they commenced caring.
- Care plans showed people and some close relatives had been involved in setting up their care plan.
- Reviews were planned regularly and involved people and their relatives, when appropriate. That ensured people were closely involved in their care and care planning process.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff were caring and kind and treated them with dignity. People and other people's relatives said staff treated people with respect. One person said, "[Staff are] most respectful when washing or showering me. The door is closed, and blinds drawn even with only me being here." A relative said, "I am happy with the care [named] is getting. I have no concerns about respect and dignity."
- People were encouraged to remain independent wherever possible. One person said, "By seeing to all my medicines correctly and making sure I am fed this helps me no end with my independence as I am able to get out and about myself." Care plans contained information for staff to follow that promoted people's independence.
- People's care records were handled appropriately which ensured confidentiality both within people's homes and within the service's office. Secure systems were used to protect people's data on the mobile devices used by staff when updating care records. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

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 received support from staff in the way they preferred. This took into consideration people's likes, dislikes and personal preferences. Most people or their relatives agreed there was a copy of the care plan at the person's home. A relative said, "When I first got in touch, we set up the care plan and I have felt very closely consulted throughout the process. The care plan is very comprehensive."
- Care plans were very well detailed and provided staff with good explanatory information on how people's needs were to be met. A person's relative thought they were over complicated. We spoke with the registered manager who said they believed this may be the step by step risk assessment which was very detailed. They said they would ensure a quick reference guide was supplied to each person.
- Care plans were reviewed regularly and updated when people's needs changed. One person said, "My daughter sees to all of that for me and anything else. I do have a copy here though." A relative said, "We all have input, [named], me and my sisters. They have recently come around from the office to update and [named] has a copy of it."
- People and other people's relatives told us they were aware of people's care plans and had agreed to the care and support within the plan.
- The provider understood their responsibility to comply with the Accessible Information Standard and could accessed and provided information in different formats to meet people's individual and diverse needs.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place.
- There had been 15 complaints made to Prestige Nursing Derby. We looked at the record of complaints which demonstrated all had been responded to appropriately.
- People told us they had made complaints about the service. A relative said, "It was patchy a while ago with some poor carers coming and not wearing uniform. I complained to them and they acted promptly and now all is very good." A second relative said, "I would be comfortable raising any complaints. [Named staff] has been very responsive, for example if they couldn't supply all the cover, they will move staff about to cover the night or evening call." We spoke to the registered manager about these and other complaints the service had. They said they recognised all complaints as a chance to improve the service.
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy, but not all replies were fully detailed. We spoke with the registered manager who stated all complaints would include a fully detailed response to the complainant.
- The provider also audited the complaints to ensure there were no themes or repeated issues.
- We viewed the compliments the Prestige staff have received. These contained a number of 'thank you' cards which were all dated. This was beneficial as we could ascertain when people sent these to the

provider. The provider had received 11 compliments in the past year. This confirmed there were people who were satisfied with the service Prestige Nursing Derby provided. Compliments included, 'I would like to take this opportunity to thank prestige for all their help so far with my parents, in particular [named staff] who is just amazing with mum and dad'; 'Special thanks to [named staff] for attending dad's funeral'; and when staff accompanied a person to a hospital appointment. [Named staff] was thorough and very attentive to my care needs....I was very relieved and felt very supported'.

End of life care and support:

- End of life care and support was currently provided to all staff through their training induction. Further specialised training was provided for staff where specific needs had arisen. That ensured staff were fully aware of the care required to ensure people's comfort at this emotive and stressful time.

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.

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

- There was evidence of continuing, good quality care and support offered to people who used the service.
- The registered manager was aware of their duty to inform relatives, stakeholders and the CQC of accidents and incidents.
- The provider had a good business insight and outlook to provide a good caring service, and constantly endeavoured to improve the service for people.
- People and other people's relatives provided mixed opinions if the service was well managed. One person said, "I would say yes. It appears to run very well for me and is very good." However, one person's relative said, "Not at all, terrible now. [We] will see if the new manager sorts things out but have not done so as yet since my meeting with them." Another relative said, "I would recommend them as a company. I am happy [named] is safe and well looked after." We spoke to the registered manager about this who said they were aware and recognised people's complaints but had made changes to the Derby office to improve people living in Nottingham's experience.
- People knew the registered manager and management team and some of the named people within the team. People were provided with the details of the office staff they could contact.
- Staff thought the agency was well run, a staff member said, "I have worked for two other [domiciliary care] companies, Prestige listen to any worries and sort it out."

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

- All staff had a clear understanding of their role and the high standards set by the provider for them to provide high quality care and support at all times.
- Quality assurance was embedded in the day to day procedures staff undertook in caring for people.
- The registered manager understood where they were required to inform the CQC of incidents. This meant the registered manager operated in an open and transparent manner.
- The registered manager and management team were very much involved in the day to day running of the service including working alongside staff where required. They positively encouraged feedback and were keen to grow and improve the service.
- The provider and registered manager were aware of the legal requirement that the latest CQC inspection report was displayed at the service and online when a rating had been given. The provider had displayed their most recent rating at the office and on their website.

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

- The service involved people and their families in a meaningful way. People and staff were encouraged to air their views and concerns. The registered manager told us although people had forwarded concerns they

would ensure these were listened to and acted on to help improve and shape the service and culture.

- The registered manager and other's in the management team contacted people to seek their feedback.
- People remembered completing quality assurance questionnaires, though none we spoke with could remember having any telephone calls enquiring about the quality of care. The views of people, relatives and staff were all used to help develop and improve the service.
- A vigorous staff recruitment process was carried out to ensure that applicants met the provider's requirements and were informed about the complex type of care needs people at Prestige Nursing Derby received.

Continuous learning and improving care:

- The provider placed a strong emphasis on continuous learning and improvement. Quality assurance processes were in place that enabled the provider to assess where the quality of the service required improvement.
- The provider recognised that sharing opportunities with people using the service and their relatives or supporters was another way of obtaining feedback as to how the business could improve.
- Team meetings were organised regularly and the provider stated topics for discussion were sourced from suggestions and from people's care plan reviews and other meetings. These were seen by all as an opportunity to learn and improve staff's practice.

Working in partnership with others:

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.
- We found the provider had forged links with staff from the motor neurone disease (MND) and multiple sclerosis (MS) societies', as well as speech and language staff (SALT). They specialised in providing guidance for people with swallowing difficulties and advised staff on the consistency of people's food and fluid intake.