

Prestige Nursing Limited

Prestige Nursing Liverpool

Inspection report

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16 May 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Prestige Nursing Liverpool is a domiciliary care agency. At the time of the inspection it was providing personal care to 15 people living in their own homes including older adults, younger disabled adults and children.

People's experience of using this service:

Medicines were administered by trained and competent staff however we identified some shortfalls in the medication records and plans which were not identified in the provider's audits or ongoing monitoring.

People received care and support from regular staff who were kind and caring. People's needs had been fully assessed before they received support from the service. Care plans held enough detail for staff to offer support that reflected people's individual needs and preferences. People's care needs were reviewed regularly. Staff understood the needs of the people they supported and had developed positive relationships.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision and team meetings. Staff felt well supported by the current manager and office staff and worked well as a team.

Risks to people had been identified and staff had clear guidance available to them to support people and reduce the risk. People were protected from the risk of harm and abuse. Staff had received training and felt confident to raise any concerns they had.

Staff had access to personal protective equipment (PPE) to prevent and control the spread of infection.

People's independence was promoted and their right to privacy and dignity respected. People and their relatives spoke positively about the staff and management team. People told us their views were regularly sought regarding all areas of the service. People felt confident to raise any concerns they had.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received. Consent had been sought before any care had been delivered in line with legal requirements.

People knew how to make a complaint and they were confident about raising concerns should they need to.

The manager was described as supportive and approachable. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

Rating at last inspection: At the last inspection this service was rated good (13 December 2017).

Why we inspected: This was a planned inspection as the provider changed address.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Prestige Nursing Liverpool

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 team consisted of one inspector 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. In this inspection this included community-based services within adult social care.

Service and service type:

Prestige Nursing Liverpool is a domiciliary care agency. It provides personal care to people living in their own homes including older adults, younger disabled adults and children. The service is also registered to provide nursing care but was not actively doing so at the time of the inspection.

Not everyone using Prestige Nursing Liverpool receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager who had been in post since January 2019 and was in the process of registering with the Care Quality Commission. This means that they will be legally responsible along with the provider for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service four days' notice of the inspection because we wanted to consult with people prior to our visit. Inspection site visit activity started on 10 May 2019 and ended on 16 May 2019. We contacted people by telephone on 10 May and we visited the office location on 13, 14 and 16 May to speak to the manager and staff and to review care records and policies and procedures. We also visited people receiving support on 14 May.

What we did:

Prior to our inspection, we asked the provider to complete a Provider Information Return (PIR). Providers are required to complete this if requested and the document contains key information about their service, what they do well and improvements they plan to make.

We also reviewed statutory notifications that had been received and contacted the commissioners who help arrange and monitor the care of people supported by the service. We used this information to help us to plan how the inspection needs to be carried out.

During the inspection we spoke with two people who used the service and five relatives. We also spoke with the manager, the branch nurse, one care co-ordinator, one office-based staff and three care staff.

We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care and medication records, four staff recruitment, induction and training files and a selection of records and policies used to monitor the quality and safety of the service.

Following the inspection we received a copy of a revised medication care plan template in response to our feedback to the manager and branch nurse during the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medication was managed safely. Shortfalls identified in the records of one person in relation to their medicines were addressed during the inspection. Further assurance was sent to the inspector the following day.
- There was a procedure in place in relation to controlled drugs (CD's). These are medications with additional controls placed on them.
- Medications were stored securely in people's homes and medication was only administered by staff who had the correct training to do so. Where people required specialist medication, additional training was provided by the branch nurse.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People receiving care and relatives confirmed they knew who to speak to if they had any concerns.
- There was a policy in place to ensure that people were protected from the risk of harm and abuse. This policy addresses safeguarding to adults and children.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

Assessing risk, safety monitoring and management

- The service managed risks safely. Risk assessments viewed were written specifically with the needs of each person at the forefront. For example, risk assessments included health and care needs as well as environmental risks as the service provides care to people in their own homes.
- Care plans clearly directed staff in the use of the equipment needed to be used when supporting people and to report any issues or concerns to the office.
- Risk assessments and care plans were reviewed regularly and held up-to-date information for staff to follow. Staff were aware of the risks and how to manage these safely.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- The service uses an electronic roster system. This system showed there were enough staff and people were being supported by consistent teams who knew them well. Staff told us they felt there were enough

staff on shift.

Preventing and controlling infection

- People were protected from the risk of infections. We saw on visits to people's homes that staff use personal protective equipment (PPE) such as gloves and aprons appropriately. One relative also confirmed this and told us; "Yes, they always bring boxes of gloves and aprons"
- Staff had access to infection control training and a policy to support them in their role.

Learning lessons when things go wrong

- Staff demonstrated that they understood how to record, manage and report incidents and accidents safely.
- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a monthly basis by the manager which enabled them to analyse trends.

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

- People's needs were assessed before they received a service. This information was used to develop the support plans and risk assessments.
- People, relatives and healthcare professionals were involved in the assessment and planning of people's care. The provider also had their own team of nursing professionals who assisted in developing plans.

Staff support: induction, training, skills and experience

- Training records evidenced that the staff received the necessary training and we observed that staff were skilled and knowledgeable when supporting people.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

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

- The manager worked consistently other agencies. For example, we saw professional healthcare input and guidance in care plans and staff worked closely with other services such as Alder Hey children's hospital who provided specialist training around specific care needs.
- Staff arranged specialist health referrals when required and any advice was clearly reflected in care plans.
- Relatives confirmed they were kept informed if a person was ill or needed to seek medical advice and we observed office staff respond appropriately when a call was received from staff to say a person had become ill in the community.

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

- Staff were aware of nutritional needs and information was clear within care plans.

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- During the inspection we observed staff asking people for consent before they delivered care.
- People's care records contained assessments of their capacity to make decisions, we saw people had signed their care plans and consent of parents was sought where the person was a child receiving care.
- Staff received training in the MCA.

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

- People had the necessary equipment to ensure they were supported in a safe way. We saw appropriate lifting equipment and modified bathing facilities available in people's homes.

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; respecting equality and diversity

- Staff knew people well and people were relaxed in their company. We observed kind and respectful interactions. One relative also told us, "Yes, without a doubt they are kind and always respectful".
- The manager worked closely with community groups to ensure that information is provided in alternative formats. One community group supported recruitment of staff to ensure cultural needs were being met. Interpreters were arranged where needed for meetings and staff used technology to translate information to people for whom English was not their first language.
- The rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination.
- An Equality and Diversity policy in place which had been reviewed to reflect current legislation and staff had received training.

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

- Care plans demonstrated that people were involved in making decisions about their care and the review of any personal outcomes. We also saw that families had been involved when appropriate.
- People could choose the staff they wanted to support them. Profiles of staff were provided to people to help them make their own decisions about carers. One relative told us; "They act straight away, they change carers if I'm not happy".
- People could choose whether they were supported by staff wearing uniform and this was recorded.
- People had access to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity.
- Staff told us how they respected people's privacy and dignity by asking permission before providing care and closing doors. Staff were knowledgeable around confidentiality and ensured that personal information was securely stored in people's homes.
- People were supported to maintain their independence. Staff encouraged people to do as much for themselves as they could and were on hand to help if needed. Care plans provided details of how people wanted their independence to be promoted and when to provide encouragement.

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

- Care plans were person centred and detailed, accurately capturing personal preferences and histories as well as the choices and decisions that people could make for themselves.
- People had the opportunity to complete 'This Is Me' where they could record any personal information that they want to share. One relative told us; "Yes they know [name] and have got to know her likes and dislikes"
- Care plans were consistently reviewed and amended where needed.
- People's communication needs had been assessed to meet the Accessible Information Standard. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand.
- People had activities that they took part in on a regular basis. One person told us how staff supported her to bingo and ensured that equipment was available so she could fully take part. We saw in another person's care plan how staff supported visits to the theatre and to everyday places such as shops and cafés.

Improving care quality in response to complaints or concerns

- People receiving care and relatives confirmed that they were aware of the complaints process and were confident that any concerns would be listened to. We were told; "I phone them if I want a meeting or they come to my house to discuss things".
- There was a complaints policy available and information about how to raise a complaint was provided to people when they started using the service.
- There was a log of complaints which had been investigated and responded to appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care however they did provide of life care training for staff.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had systems in place to assess and monitor the quality and safety of the service. This was supported by the provider's compliance lead who also completed audits. These checks covered a variety of areas but had not always been applied effectively. This had led to some shortfalls in people's medication records. The manager explained that some gaps in audits had been identified and this was a current priority.
- The manager understood their legal responsibility for notifying the Care Quality Commission of events that occurred within the service.

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

- The manager was clear about the vision and direction for the service and was committed to improving the quality of care for people.
- Staff and relatives told us that the manager was approachable and listened if there were any concerns.
- The manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

- Staff said they felt supported by the manager and that their views were encouraged and welcomed. Regular meetings and supervisions took place. In the most recent staff survey 100% said they would recommend to a friend seeking work with Prestige Nursing Liverpool.
- The manager had introduced a scheme to recognise where staff have 'gone the extra mile'. This is a positive way of recognising staff and their contribution. We saw how one recent compliment had resulted in a staff member being recognised as 'member of the month'.
- People and their relatives participated in the running of the service through telephone quality monitoring and satisfaction surveys. The most recent survey contained very positive feedback from people in terms of staff attitude, timekeeping, caring and delivering outcomes. One person told us; "Occasionally they phone me and I give them 10 out of 10, they're very good, they listen to me, and they visit me twice a year".

Working in partnership with others

- The manager worked in partnership with a range of different health services and other health and social care professionals to help make sure people received the right support.

