

Prestige Nursing Limited

Prestige Nursing Northampton

Inspection report

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13 July 2018
16 July 2018
18 July 2018

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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

This inspection took place on 6,13,16 and 18 July 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults, children and people with disabilities.

Not everyone using Prestige Nursing Northampton receives a 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.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were assessed to ensure 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 procedures to ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

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, manager and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and gained people's consent before they were supported.

People were involved all aspects of their care. People's care plans information available 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 they were met.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. People were treated with dignity and respect, and their rights to privacy were upheld.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. People and relatives all spoke positively about the staff team and how the service was managed. The provider had a process in place which ensured people could raise any complaints or concerns.

The registered manager and staff team were committed to following the vision and values of the service in providing good quality care. The registered manager was aware of their legal responsibilities and provided effective leadership and support to staff. Quality assurance systems were used to monitor and assess the quality of the service to drive continuous improvement. The provider worked in partnership with other agencies to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm. Risks associated with people's needs were assessed and managed safely. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people. Staff were trained in safeguarding, and infection control procedures.

Accident and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care plans developed to ensure they received the support they needed. People were supported to maintain their nutrition, health and well-being where required.

People received support from a staff team that had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going support.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring, friendly and kind. People were supported to make decisions about how they wanted their care and support provided. People were treated with dignity and respect, and staff ensured their privacy was maintained.

People's views about the service were sought to review the service and drive improvements.

Is the service responsive?

The service was responsive.

People's needs were assessed. The care plans were person centred and provided staff with clear guidance on how people wanted their care and support to be delivered. Staff respected people's diverse cultural needs, wishes and views.

Systems were in place to respond to any complaints. People were confident that any concerns raised would be dealt with appropriately.

Good ●

Is the service well-led?

The service was well led.

The registered manager understood their role and responsibilities.

The registered manager provided good leadership and the staff team worked to provide high quality care.

Quality assurance systems were used to continually monitor all aspects of the service.

Good ●

Prestige Nursing Northampton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6,13,16 and 18 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

The inspection started on 6 July and ended on 18 July 2018. It included making telephone calls to people using the service, relatives and staff. We visited the office location on 13 July 2018 to meet with the registered manager, to review people's care records, and policies and procedures.

The inspection visit was carried out by one inspector, one assistant 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.

The provider sent us in the Provider Information Return (PIR). Providers are required to send us a PIR at least once annually, to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the information within the PIR and other information we held about the service. This included statutory notifications about important events at the service, which the provider must tell us about. We also contacted commissioners and no information of concern was received about the provider.

During the inspection we spoke with five people over the telephone and visited two people within their own

homes. We spoke with nine care staff, the registered manager and the business manager.

We reviewed the care records in relation to six people using the service. We reviewed five staff recruitment files and sample checked the staff training records. We looked at records relating to the management oversight and monitoring of all aspects of the service. These included quality audits, spot checks, complaints, compliments and a sample of the providers policies and procedures.

Is the service safe?

Our findings

The systems processes and practices safeguarded people from abuse. People told us they felt safe with the care provided and usually had the same staff team supporting them. One person said, "Yes I do feel safe, the service is working well." At the start of the care packages people were provided with information on how to report any concerns they may have.

The staff understood their responsibilities in relation to keeping people safe, and could describe what they would do if they suspected or witnessed any form of abuse. One member of staff said, "If I had to raise a safeguarding concern I would have no problem talking to the manager or the office about it." The registered manager knew how to report any safeguarding concerns and records evidenced they raised safeguarding concerns and worked with the local safeguarding authorities in completing investigations as and when needed.

Risks to people's safety was assessed and closely monitored. Risk assessments identified any specific risk to people's health and well-being and how people's care and support needed to be provided to minimise the risks to an acceptable level. The assessments covered risks, such as, falls, moving and handling, malnutrition and pressure area care. Records showed the risk assessments were regularly reviewed and when people's needs changed their care and support was altered to accommodate the changes. The staff confirmed they knew how to report and record any accidents or incidents. We saw that accidents and incidents were regularly reviewed as part of the quality monitoring process and lessons learned were used to drive improvement of the service.

The provider protected people from being cared for by unsuitable staff, through carrying out robust staff recruitment checks. These included Disclosure and Barring Service (DBS) checks and obtaining professional and character references. Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. One person said, "I have two double carer visits per day, things work well, only very occasionally is there any slight delays with the second carer turning up." The person went on to say, the slight delay did not impact on their care and they felt safe when staff used the hoist to help them move position. Another person said, "They [staff] usually turn up on time and will let me know if there are any changes. I know who is coming usually as I get a rota." Staff also confirmed they felt the staffing resources were good.

Where the provider took on the responsibility, people received support with their medicines. The care plans identified the level of support people required to manage their medicines safely. All people confirmed they felt staff managed their medicines safely. One person said, "The staff take the tablets out for me and it works well." Another person said, "The staff keep a record of the medicines I have." Staff confirmed they received medicines training that included competency observations to ensure they were following correct medicines administration procedures. The staff knew the procedure for reporting any medication errors to ensure timely medical advice was received. The registered manager told us that medicines audits were carried out regularly, during which the medicines administration records (MAR) were checked for completeness.

People were protected by the prevention and control of infection. All people spoken with confirmed staff protected them from the risks of infection. The staff told us they received training on infection control procedures. Records showed that infection control was assessed during home visits, to ensure staff were following infection control procedures and using personal protective equipment, such as disposable gloves and aprons when carrying out personal care tasks.

Is the service effective?

Our findings

The care, treatment and support people received promoted a good quality of life. People's needs were assessed prior to them using the service, and they received support from regular staff that had the right skills to provide their care and support. People using the service and their relatives told us they were fully involved in the pre - assessment process prior to taking up the service and that their needs and choices had been incorporated into their support plans.

Staff had the skills, knowledge and experience to deliver effective care and support to people using the service. The staff confirmed they received induction training that covered areas such as, moving and handling, food hygiene, nutrition, first aid, medicines administration and infection control. One member of staff said, "My first impression was that this was a professional care agency to work for, I feel they invest in the staff." Another member of staff said, "My induction training was really good I worked alongside and experienced member of staff with a client who is non-verbal and uses body language to communicate." Staff also told us they received specific training to meet the needs of people they supported. One member of staff said, "I have had good training, such as, feeding people through percutaneous endoscopic gastrostomy (PEG) feeds, using suction and nebuliser machines and other necessary training." One person with a brain injury spoke of the excellent support they received from staff saying, "The staff are like friends to me, they understand me, they are my memory."

The staff training records confirmed staff had completed a range of training based around current legislation and best practice guidance. The training related to health and safety, person centred care, nutrition and training on supporting people with specific health conditions. For example, epilepsy, pressure area care, catheter care. Caring for people using PEG and Jejunostomy (G-J) feeding systems. (These are feeding systems, used to provide nutrition and hydration, or to vent the stomach for air or drainage). A registered nurse that specialised in the care of people using PEG and G-J systems provided bespoke staff training and carried out assessments on staff providing care to people using these systems to ensure they were competent to provide such specialised care for people.

Systems were in place to ensure staff received effective support and supervision. The staff confirmed they felt supported by the registered manager and the field care managers kept in regular contact with them and were always available out of hours. One member of staff said, "I have face to face supervision meetings, I feel I get plenty of support. If I need any advice, I can call the office at any time, there is always somebody available to help." Another member of staff said, "I have constant contact with manager or office staff. I speak to the manager on weekends and get feedback about how I was with a client and it was very positive feedback. I am always in touch with the office and get good feedback all the time." Records seen during the inspection evidenced one to one staff supervision took place, to give staff a forum to discuss their work, and any further support or training needs.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person said, "I have ready meals and the staff always make sure I have got a drink to hand." Another person said, "The staff will make me something if I want anything, it works well." A member of staff said, "I always give my

clients their food at the beginning of the call and check in to make sure they have eaten it." The staff were very knowledgeable of the food and drink likes and dislikes, of the people they supported. Records showed that people's dietary needs were assessed and any allergies, food intolerances were recorded within the support plans. We saw that information was available to guide staff on caring for people with swallowing difficulties that were on soft diets and required drinks to be thickened, to prevent choking and aspiration.

People were supported to live healthier lives and were supported to maintain good health by attending regular health check and medical appointments. The care records confirmed that staff supported people to access the support of healthcare professionals, such as the GP, district nurse, speech and language therapist, occupational therapist, physiotherapist, specialist consultants, dental and ophthalmic services. Records also showed the advice from the healthcare professionals was incorporated into people's support plans and followed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make some 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. No applications had been made to the Court of Protection. Assessments of needs took account of people's capacity to consent to their care and treatment. The registered manager and staff team understood their responsibility around MCA. People using the service and relatives confirmed that staff sought people's consent, offered choices and respected their decisions. A member of staff said, "If the client has capacity then you can just ask them what they need, but you still need to read the support plan for the finer details."

Is the service caring?

Our findings

People were treated with kindness, respect and compassion, and had developed positive relationships with staff. One person said, "They make me laugh and we have good banter." Another person said, "They are very caring and understanding of the help I need." A third person said, "The staff are always polite and very caring."

People and relatives told us they were involved in making decisions about their care. One person said, "They [staff] make sure I'm okay and listen to whatever I say." The registered manager understood when people may need additional independent support from an advocate, but at the time of the inspection all people were supported by family members. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. One member of staff said, "We definitely meet the client's need to a good standard. I would recommend this agency if it was my family or friend." Another member of staff said, "I really enjoy working here, it is good to be able to talk with the clients and really get to know them."

The staff knew people's individual preferences and interests, which showed they understood people well. One member of staff said, "There is enough time to talk to clients. It's really important as it helps for me to know the client and them to know me" Another member of staff said, "The support plans are very person centred, the office staff are very good at giving verbal updates on any changes to the client's needs." We saw people's support plans included background information about the person, their wishes and preferences and how they preferred their support provided by staff. This helped staff to ensure they provided person centred care that supported and respected people's individual needs.

People were treated with dignity and their privacy respected by staff who provided personal care. One person said, "The staff always preserve my dignity."

Staff understood the need to keep people's information confidential and that information was only shared with other social and healthcare professionals on a need to know basis. We saw that people's care records were stored securely within the agency office.

Is the service responsive?

Our findings

People's support plans reflected their physical, mental, emotional and social needs, including their personal history, individual preferences, interests and aspirations, and they were understood by staff. Staff confirmed they had time to familiarise themselves with the individual needs of the person through reading the support plans before providing their care and support. They also confirmed that people's changing needs were communicated well to them, one member of staff said, "This is a very good care agency, the staff are given time to fully read people's support plans and they [care managers] keep us updated of any changes to people's needs."

The support plans included information about people's communication needs and what type of support people needed to communicate effectively. For example, people with hearing and sight loss, people with limited speech and people with dementia that needed staff to give time and space to communicate with them. In discussions with the staff it was evident they knew how each person they cared for communicated their needs. This demonstrated the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives told us they felt they had regular opportunities to feedback their views and the provider listened and acted on their feedback to improve their care. For example, one person said, "I needed an extra call, which was sorted out for me." Records also showed that care managers carried out regular home visits and telephone surveys to seek feedback from people using the service.

People and their relatives were confident any concerns they had would be listened to, taken seriously and appropriately addressed. For example, one person told us they had considered moving providers and had raised their concern with the provider. The person said, "They [the provider] pulled their socks up, everything was sorted and we are happy with the outcome." We saw that a formal complaint process and a system was in place to manage and respond to complaints. Records showed the provider had responded appropriately to complaints following their complaints policy.

Staff had received training on how to support people at the end of their lives and information was available within the support plans to inform staff on how people wanted their end of life care provided. The registered manager confirmed at the time of the inspection, no people using the service were receiving active end of life care.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives all told us they had confidence in the registered manager and felt the service was managed well. People and staff said they had no hesitation in recommending the service to others. One person said, "I would definitely recommend Prestige Nursing, because of the care they provide and that they listened to me."

The provider involved people and relatives in all decision making. The views of people, relatives and staff influenced the development of the service. These included care reviews, and feedback from people using the service relatives and staff. The feedback received from people and relatives was very positive complimenting the staff for the care they received.

The registered manager and the staff team understood their roles and responsibilities and put people at the heart of the service. Staff felt the registered manager provided good leadership and was committed to providing a quality service. One member of staff said, "We definitely meet the client's need to a good standard, I would recommend this service to my family and friends."

Staff said they were very well supported and spoke positively about the registered manager. One member of staff spoke of when they had a family bereavement and of the support they received from the registered manager and the office staff.

The registered manager was open and transparent in sharing information and communicating with relatives and relevant others. They had kept CQC informed of significant events and incidents as required to be notified by law.

Robust quality assurance systems were used to continually monitor all aspects of the service. These included routine home visits, random spot checks and scheduled reviews of people's support plans.