

Prestige Nursing and Care - Angus Support Service

Springfield Medical Centre
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Arbroath
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Type of inspection:
Unannounced

Completed on:
16 December 2024

Service provided by:
Prestige Nursing (Scotland) Limited

Service provider number:
SP2003002515

Service no:
CS2023000068

About the service

Prestige Nursing and Care - Angus is a support service providing care and support to people living in their own homes across Angus. The service has an office base in Arbroath.

Services provided include personal care and social support to people of varying ages with a wide range of support needs.

The service currently supports around 95 clients.

About the inspection

This was an unannounced inspection which took place on 5 and 6 December 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with three of their family and representatives
- spoke with 11 staff and management
- reviewed documents.

Key messages

- Leaders had good oversight of the service.
- People experiencing care spoke highly of staff.
- The quality of some personal plans should improve.
- Leaders should ensure that staff receive regular professional supervision.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated performance for this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that exist will have minimal adverse impact on people's experiences and outcomes, while opportunities are taken to strive for excellence within a culture of continuous improvement.

People's physical, mental health, and social needs were assessed and managed in a holistic way regardless of how many hours support they might require. This meant that people received person-centred care that was right for them as individuals.

The provider worked hard to develop and maintain good relationships with external health professionals, such as district nurses and GPs. They communicated regularly with them so that people could live as well as they could during periods of changing need or declining health.

Staff knew people well and were vigilant to changes in people's presentation. They responded quickly, escalating information to senior staff who were then able to communicate concerns to the appropriate health professionals and people's representatives. This meant that people would receive the right support at an early stage, potentially reducing the risk of further decline.

People and their families or representatives were involved in decisions about their care and they told us that they felt listened to when changes were necessary in the level of care they required. One person said, "My opinion is always listened to and respected. I feel that I am treated as an individual". This contributes positively to people feeling valued.

The provider was very aware of the importance of protecting people's information. Where people were no longer able to make decisions for themselves, the provider shared information in line with legislation, contributing positively to upholding people's rights.

The service had a robust medication policy and staff adhered to this. Where staff may have had concerns regarding someone's medication, leaders were on hand to provide advice and guidance or to contact health professionals if changes were necessary.

When we spoke with people, they said that they never felt rushed by carers. They told us that carers were respectful in allowing them time to complete tasks which helped them maintain independence. This contributes positively to people's overall feelings of wellbeing.

How good is our leadership?

4 - Good

We evaluated performance of this key question as good. There were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are necessary to ensure that people consistently have experiences and outcomes which are as positive as possible.

Leaders were accessible and made themselves available to clients and staff. When we spoke with people they knew who to contact in the office and reported that the staff were respectful and responsive. One person told us, "The staff are always friendly on the phone, nothing ever seems to be a problem for them".

The team was improvement-focussed. Leaders maintained good oversight of day-to-day activity of the service, ensuring that they were knowledgeable of people's changing needs. This meant that they could respond quickly to circumstances that had a potential for negative outcomes and put safeguards in place.

Leaders had a vision for the service and were improvement-focussed. They were realistic in what could be provided with the available staffing resources and the pace at which the service should expand. This approach reduced the risk of poor outcomes for people experiencing care.

The provider had systems in place to monitor the quality of the service provided. There were different people involved in completing quality assurance tasks. Some information from quality assurance activity linked to the overall service improvement plan. It would benefit outcomes for people if a wider group of people were included in how the service could continue to develop (see area for improvement 1).

Leaders regularly completed observations of staff practice and staff received annual appraisals. However, staff were not offered regular professional supervision in line with professional codes for practice. It is important for quality of care and staff development that they engage in regular planned professional supervision (see area for improvement 2).

Areas for improvement

1. To develop and improve quality of the service, the provider should engage a wide range of stakeholders in the development of the service improvement plan. This should include people experiencing care and support, their representatives, and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

2. To support staff to develop and improve through reflective practice, the provider should provide effective, planned, and regular supervision of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional codes' (HSCS 3.14).

How good is our staff team?

5 - Very Good

We evaluated performance for this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that exist will have minimal adverse impact on people's experiences and outcomes, while opportunities are taken to strive for excellence within a culture of continuous improvement.

There were robust systems in place for the recruitment of staff and managers were careful to ensure that people being recruited demonstrated good values and would fit in well with the team. This contributed positively to maintaining standards and ensuring a positive team culture.

Staffing arrangements were determined by the needs of people experiencing care. Deployment of staff was considered where changing needs were identified. This meant that people's needs could continue to be met even when increased staffing was necessary.

Any voids in rotas were covered by regular staff who showed dedication to ensuring that supported people would continue to receive the right support from people that they knew.

Staff who were not involved in providing direct care, contributed positively to the smooth running of the service. They demonstrated very good oversight of the service and their clients, responding quickly and appropriately to information received from carers.

Some people with complex needs required larger packages of care. The provider carefully considered the attributes and skills of people in matching them with clients to ensure that personal outcomes would be successfully met.

Staff told us that they felt safe and supported by leaders. They told us that leaders were approachable and responsive. Staff felt that, overall, there was a positive team culture where people worked hard to ensure that people received quality care and support.

How well is our care and support planned?

4 - Good

We evaluated performance of this key question as good. There were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are necessary to ensure that people consistently have experiences and outcomes which are as positive as possible.

The provider had identified in the service improvement plan the need for further work on people's personal plans.

The provider used an electronic personal planning system and had ensured that people who wished to have access to their plans were able to do this. When we spoke with people they told us that they had been involved in the initial set up of the plan and any subsequent reviews. This contributed to people continuing to feel involved in care planning processes.

Where people were no longer able to make decisions about their care, the provider ensured that information from those close to them, their representatives, and external professionals was included in plans.

People's plans contained essential information for the safe delivery of care and support. Some plans were more detailed than others and some were more person-centred than others. We saw that work was already taking place to improve consistency in standards across the plans. We will follow up progress at our next inspection.

Overall, staff were very good at ensuring people's daily notes contained relevant information and were written in a person-centred way. They gave a good account of the care and support that had been delivered and how people had presented during that time.

Plans were updated very quickly when new information was received and staff were able to access this information immediately. This meant that people would continue to receive the care and support that was right for them.

Plans identified potential risks of poor personal outcomes and cross referenced this information throughout other plans. For example, where someone may have been at risk of skin breakdown, plans indicated the importance of movement, good nutrition, and the application of prescribed creams or ointments. This meant that, overall, risks were reduced for people.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must make proper provision for the health, welfare, and safety of people using the service. In particular, the provider must:

- a) Ensure an appropriate pressure sore risk assessment is undertaken in consultation with other healthcare professionals on commencement of the package of care.
- b) Ensure the personal support plan fully identifies the risk of the development of pressure sores and the action staff should take to promote good skin integrity.
- c) Ensure people receive adequate promotion of good skin integrity and the prevention of pressure sores.
- d) Ensure staff awareness of the importance of promoting good skin integrity and the escalation of skin breakdown to other healthcare professionals.
- e) Ensure accurate and detailed records of consultations and communications with other healthcare professionals.

To be completed by: 05 August 2023

This is in order to comply with:

Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 6 June 2023.

Action taken on previous requirement

People's personal plans identified risks to skin integrity and relevant information was cross referenced throughout other key care plans. Information from relevant health professionals was included as part of the

initial and ongoing assessment of the care of people's skin and the provider maintained good contact with people's GPs and district nursing teams.

Records demonstrated that staff took action to promote good skin care with the application of prescribed creams and ointments. Staff encouraged fluid and nutrition intake to help support and maintain healthy skin.

Staff attended skin integrity training and were able to identify and act upon any concerns or decline in people's skin or wounds that may be present.

Together, these actions contributed positively to people's overall health, safety, and welfare.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to ensure people using the service's representatives experience effective communication relating to their general health and welfare, the service should:

- a) Ensure representatives are afforded the opportunity for involvement in meeting their care and support needs.
- b) Ensure representatives are fully informed where there is a cause for concern in relation to the person's general health, welfare, and safety.
- c) Ensure there is a system of recording consultations and communications with people's representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 6 June 2023.

Action taken since then

People's personal plans identified who the provider should consult and engage with about their care and support. Where people were no longer able to express their wishes, plans identified those people who were important to them or had legal authority to act on their behalf.

Guidance for sharing and disclosing information was closely followed.

There were systems in place for recording consultations and communications with people's representatives, this contributed positively to the right people receiving the right information at the right time.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure people's needs are met by the right number of staff, the service should:

- a) Undertake an assessment of service users' needs to ensure adequate staff are made available.
- b) Ensure consistent review of service users' needs to ensure sufficient staffing is made available.
- c) Ensure sufficient staffing is made available to those service users in accordance with their assessed needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 6 June 2023.

Action taken since then

The provider conducted detailed assessments of need prior to engaging any services.

They did not accept requests for packages of care without sufficient staffing resources being available.

Regular reviews took place to identify people's changing needs, where an increase in support was required the provider quickly consulted with the local health and social care partnership to ensure a continuity of service would be possible.

Together, this contributed positively to ensuring that people's needs would be met by the right number of people.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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