

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Prestige Nursing Norwich

Rooms 21 & 23, St Francis House, 141-147
Queens Road, Norwich, NR1 3PN

Tel: 01603666643

Date of Inspection: 27 December 2012

Date of Publication: February
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Prestige Nursing Limited
Registered Manager	Ms. Sarah Doddington
Overview of the service	Prestige Nursing Agency Norwich Ltd (DCA) is a domiciliary care agency that provides personal care and support to adults living in their own home. It is owned and operated by Prestige Nursing Ltd and is one of their domiciliary care agencies sited in Norfolk.
Type of services	Community health care services - Nurses Agency only Domiciliary care service
Regulated activities	Diagnostic and screening procedures Nursing care Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	8
Staffing	10
Complaints	11
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 December 2012, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three people who use the service via telephone. All the people were positive about the provider and the staff. None of the people we spoke to had any complaints. One person told us that the staff were very polite and caring and were good at their work. Another person told us that she was satisfied with the service she was receiving from the provider and was able to rest from looking after her husband when staff were around. All the people told us that they were aware of their care plan being delivered and that staff had spoke to them about it. People also told us that they knew in advance which staff were coming to look after them and usually was the same people which they liked.

We spoke to staff who told us that they were supported by having regular supervision and training. Staff told us that they had spot checks carried out to ensure good delivery of care was being delivered and to support staff.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 20 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

People we spoke to told us that they had been consulted and involved in the assessment of the care package that was going to be delivered to them. The registered visits people who use services in their homes to discuss the care being delivered and formulated the care plan during the visit. This meant that care was based on the needs of the people who use service. Care delivered is person centred and is subject to review every three months or every four weeks.

During the visit we reviewed four different care plans for people who use services. Care plans are kept in peoples homes and a copy in the office for the staff. We spoke to three people who use the service via telephone. People who use the service told us that the staff were always on the ball and knew what they were doing. They also told us that staff knew the care plans for them.

People's care plans we reviewed had consent form in them. However they did not have any signatures on them. The registered manager told us that a signed consent form was always kept with the care plans in the people's homes. People with capacity to consent signed their care plans and those that did not a note was placed in the notes to stating that they were unable to sign. The provider may wish to note that a signed copy of the patient consent should be kept with the file in the office as part of evidence based practice.

Staff worked with the district and palliative nurse for some patients for expert advice and support to ensure that delivery and treatment of care is understood. Staff were aware of consent issues which included choice, gender issues and that consent can be withdrawn at any point.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed four care plans during the visit. We spoke with three people who use services and they told us that they were aware of the care that was being delivered and that staff had spoken to them about it. They told us that they all had care plans in their homes. All staff were supported in ensuring that they were aware and delivered individual care to people. Staff work with different multi disciplinary members to ensure effective delivery of care to people which include district nurses, palliative nurses and GP's.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People we spoke to told us that the provider was delivering a good service to them. Someone told us that they were satisfied with care and treatment they were receiving and that staff were always helpful. Another person told us that they had staff who they knew and this was good for them as they were coming to work in environments they were not familiar with. People we spoke with told us that the provider was good at providing a good match with people who use services. One person said that when they wanted a different member of staff, the provider was able to listen and change the staff which she was happy with.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Staff were aware of peoples human rights and how to uphold them. All staff attend the end of life and dignity of care course so that they have an awareness and understanding of people's needs. Staff were also aware of gender issues and preferences and took this into consideration when allocating staff. Staff could call the on call person or support if they had any concerns.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. At the time of the visit none of the people using the service were subject to these safeguards.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage and monitor medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. Medication is supplied by the local pharmacy to people's homes. Appropriate arrangements were in place in relation to the recording of medicine. Currently the provider generates their own medication charts which are typed, however this was going to change in January 2013 as they will be adopting the local NHS medication charts and procedure of medication administration. This had been delayed as the course had been cancelled. The provider nurse supervisor will be attending the training and will disseminate and train all the provider staff. The training will be more practical and competency based. The registered manager told us that they hoped that all staff will be trained by March 2013.

We reviewed the provider's policy on medication and this was up to date. All registered nurses files we reviewed had medication assessments with one dated 2007. The assessment was not competency based or formally assessed but relied on staff ticking to say they were competent in medication administration. Staff told us that the registered nurse checklist is now completed at interview. The provider may wish to review this process and have a yearly medication assessment on all their registered nurses to ensure that staff handling medicines have the competency and skills needed. The provider may also wish to have competency assessments for their nurses in their files even from the staff places of employment.

Medicines were prescribed but some medication charts records did not evidence that they had been given to people appropriately. We reviewed four medication charts. There was no evidence regarding the monitoring of medicines administration.. The medication charts reviewed had not been audited. We reviewed three charts dated October 2012. These medication charts had been hand written regarding dose, frequency and time of medication administration. None of the nursing staff were nurse prescribers. Medication should be prescribed by either a doctor or a nurse prescriber. There was also no name of the medication being administered on the medication charts despite the staff signing for administration everyday for three weeks.

The registered manager told us that there had been two drug errors recorded this year and that there had been follow up with the staff involved.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with staff, reviewed five staff files and also looked at the duty rotas. Staff told us that all new staff received and completed a four day induction and an e-learning package on other areas. New staff were initially allocated two shifts and work with a 'buddy' who will go through the work sheets. Staff had to complete six months of supervised work which is recorded.

There is an on call system for out of hours emergencies for staff and people who use services. The on call person has access to the rota and also pool car which is available at the branch.

We reviewed the rotas and there were adequate staff to meet the needs of people using the service. The registered manager told us that people who use the service were sent weekly rotas of staff allocated to them and could raise concerns if they wish. This meant that people had an awareness of which staff were coming to care for them.

The staff files we reviewed showed that all staff were up to date with their training and supervision records. Staff told us that they also had spot checks completed while caring for people who use service and also conducted telephone quality monitoring with people who use services.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Staff were made aware of the complaints system through the provider intranet, staff hand book. People who use the service were informed by staff and information was in the care plans given to them. Although the policy stated that the policy was provided in a format that met their peoples needs, no evidence of this was available. The provider may like to note that information should be available in a format that meets the needs of the people using the service.

People were given support by the provider to make a comment or complaint where they needed assistance. The providers policy was dated February 2012 and refelected the practice. We reviewed the folder with all the complaints. Staff are aware of the procedure and how to make a complaint. The registered manager is the complaints officer and the human resource manager is allocated for complex issues for the provider. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We reviewed the most recent complaint that had been received from a carer of a person using the service. The complaints were all numbered and logged on the providers' intranet. The complaint had an acknowledgement and outcome letter on file. The provider had undertaken a full investigation and been concluded for the complainant. The provider did not have an outcome letter or documentation for the staff member who was complained about. The provider may wish to note that sending outcome letters to staff who have been subject to complaints shows support and evidence that staff had been made aware of of the lessons learnt from investigations.

The provider told us that there had been five complaints received since 13 December 2011. People could appeal the outcome decisions and this was documented in the outcome letter. Complaint outcomes were disseminated through staff training and meetings. Staff told us that all staff receive email alerts which informs them of same and any policy updates. The system has a read-alert system which inform the provider that staff have read the updates.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
Nursing care	Management of medicines
Personal care	How the regulation was not being met:
Treatment of disease, disorder or injury	The provider did not have evidence of an appropriate method for monitoring medication administration and action that was taken to correct issues highlighted.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
