

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

Prestige Nursing – Milton Keynes

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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
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Prestige Nursing Limited
Overview of the service	Prestige Nursing-Milton Keynes provides personal care packages to young people and adults in their own homes.
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

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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 17 April 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We went back to review the improvements that had been made following an inspection visit during January 2013. We spoke with two people and a relative of a person who used the service. We also spoke with the manager and two members of staff. The manager of the service was in the process of registering as the registered manager of the service.

Two people told us that they were pleased with the level of care that they received. They also told us that most of their care was provided by a regular carer who understood their care needs. However, they told us that when their regular carer was unable to attend because of sickness or annual leave, they were happy with the care provided by the staff who covered their duties.

One relative told us that their family member had received a re-assessment of their care plan to make sure that their needs were being met by the staff. They also told us that they were happy to raise any complaints or concerns they had about the service with the provider and knew that these would be taken seriously.

We found that the service had made improvements to the arrangements for providing care to people and to the systems in place for supporting the staff. We also found that the service managed people's complaints effectively and made appropriate arrangements to ensure people gave their consent for their care. We found that the provider had a recruitment system that ensured that the staff were of good character before they started work.

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

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.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at three care plans. We found that people had been given a copy of their plan of care and that they had signed this to show that they were in agreement with the care that would be provided. We also saw that people had been given the provider's terms and conditions and had signed a contract to show that they wanted to receive the care. One person who used the service confirmed that they had been asked to sign a copy of their care plan and that they had been fully informed about the service they would receive. This meant that the provider had adequate systems in place to make sure that people gave their informed consent for their treatment and care.

One person who used the service told us that the staff always asked them if it was "alright" to provide their care. We also found that staff were provided with information about people's ability to make decisions and give their consent for treatment and care. For example, we looked at one person's care plan and saw that it contained information about the support they required to make large decisions. However, we also saw that the information explained to the staff that the person was able to make any decisions about their daily care themselves. This meant that there were suitable arrangements in place for staff to obtain the consent of people who used services before they provided them with care.

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

During our inspection visit in September 2012 we identified concerns regarding the level of care that people received when their regular carer was unable to attend because of periods of sickness or annual leave. We also found that one person with a variety of different needs had not received a review of their care plan for a period of three years. We went back and reviewed the improvements that the provider had made to the level of care provided to people.

Care and treatment was planned and delivered to ensure people's individual requirements were met. The manager told us that they had put in place arrangements to make sure that staff understood the care needs of people who used services. They told us that this included making sure that all new staff shadowed experienced carers to enable them to meet people's individual needs. One person confirmed that new members of staff had shadowed their regular carer and that this had made sure that new staff understood their requirements for care.

The manager also told us that the management systems used for co-ordinating people's care had been improved. For example, one member of staff showed us an electronic system that they used to check people's care needs and to check that staff were suitable to provide care when people's regular carers were unwell or on annual leave. We spoke with two people who used the service and they confirmed that the standards of care that they received when their regular carer was unable to attend had improved. This meant that the provider had adequate systems in place to make sure that people continued to receive a high level of care when their regular carer was unable to care for them.

We looked at the care plan of one person with a variety of different needs. We found that the manager had re-assessed their plan of care and that this contained detailed information about their requirements and the arrangements for their care. The manager also showed us a system in place to remind them when the care plans needed to be reviewed to ensure that people continued to receive care that met their needs. One relative of a person who used the service told us that their family member had recently received a review of their plan of care and that they had been asked if they were happy with the level of care provided. This meant that people who used services received care that was regularly reviewed in line with their individual requirements.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at four staff files and saw that all members of staff had completed an application form and had received an interview before starting work at the service which made sure that they were suitable for the position they had applied for.

We also found that Criminal Records Bureau (CRB) checks and written references were undertaken by the service to make sure that the staff were of good character before they were able to start work. There were also copies of photographic identification held which confirmed their identity. We also found the provider arranged for staff to complete a health declaration before they started work at the service. This was to make sure that staff were physically and mentally able to do their work.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection visit in September 2012 we identified concerns regarding the arrangements for staff appraisal at the service. We also found that some members of staff had not completed training to understand the complex needs of children that they provided personal care to. We went back and reviewed the improvements that the provider had made to the arrangements for supporting workers.

Staff received appropriate professional development. We looked at three staff training and development files. We found that staff had received a recent appraisal of their performance and had set work objectives for the forthcoming year. For example we saw that the manager had reviewed how well the member of staff had provided care to a person with a variety of different needs. We also saw that the manager had reviewed the staff member's requirement for training over the next year.

One member of staff told us that they had received a recent appraisal of their performance and that the manager had asked people who used the service if they were happy with the care that they had provided to them. They told us that they had received some good feedback from people who used the service and that this had helped them to think about the level of care they gave to people. This meant that the staff were appropriately supported to enable them deliver care to an appropriate standard.

We also reviewed the training that staff had received to ensure they understood how to care for children appropriately. We found that most of the staff who cared for children had completed a training course to enable them to understand children with complex needs. We also found that the manager had made arrangements for some of the staff to complete the children with complex needs training. This was to ensure that staff had the required training to ensure that they met children's needs.

We saw that the manager had sent the staff an invitation and asked them to attend a training day during March 2013. We also saw that the training event was recorded in the training diary. However, we were unable to find the staff attendance sheet to show the staff that had completed the training. We spoke with the manager about this and they told us that they were unsure why the staff attendance sheet was missing. They also told us that they had been using this information to update their records and authorise the training certificates.

We spoke with the trainer who had completed the children with complex needs training. They confirmed that they had recently trained some of the staff about children with complex needs. The provider might find it useful to note that we were unable to confirm the attendance of one member of staff who provided personal care to a young person who used the service.

We also found that all staff working with children had completed a recent child safeguarding training update. The manager also told us that they were planning to incorporate the children's and adults first aid training together. This was to ensure that all staff working with children continued to receive an annual update of their first aid skills.

Complaints

✓ Met this standard

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.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The provider had a complaints policy and procedure in place that detailed the responsibility of the provider and staff to handle any complaints received from people appropriately and professionally. We also saw that the provider had outlined the number of days that they would take to respond to people's complaints and the requirement for complaints to be fully investigated. We looked at a copy of a service information guide that was given to people before they used the service. We saw that the information guide included a copy of the complaints procedure and information to help people to make a complaint.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. The manager showed us a new electronic complaints system that was used to ensure that complaints were handled in accordance with the provider's complaints policy and procedure. They showed us an example of a complaint that they had dealt with and we saw that they had handled this appropriately. We also saw that this had been checked by another member of staff who worked for the provider to ensure that it was dealt with correctly. This was to make sure that any complaints made by people who used the service were handled and resolved appropriately.

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.

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