

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

Prestige Nursing Norwich

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2014

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

Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	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

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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 22 January 2014, talked with people who use the service and talked with carers and / or family members.

What people told us and what we found

We looked at the care records for six people using the service. We found that for each of these six people, there were detailed records for staff to follow about their care needs. There were also detailed risk assessments to protect the person from harm. One relative we spoke with told us, "We've never had a problem, the support has been fantastic." Another relative told us, "The care has been outstanding".

We looked at the records for six members of care staff working for the service. We found that Prestige had ensured these six members of staff were suitably experienced and qualified to care for people. The service had also ensured that these members of staff were of suitable character to work with vulnerable people. When describing the care staff that visited their relative one relative told us, "They're first class. The care is always great". Another relative told us, "They're very diligent. They just get on with it."

We found that the service had a system in place to monitor the quality of the service it was providing and to identify any areas for improvement. The service was also undertaking surveys in order to get feedback from people using the service.

We found that the service had an appropriate complaints policy in place, and was investigating complaints in line with that policy. People had been made aware of the complaints system.

We found that the service was keeping securely appropriate records for people using the service and for staff.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the records for six people using the service at the time of inspection. We found that each person had a detailed personal risk assessment and support plan document. This document included risk assessments for environment, mobility, falls, health and medical risks and the risk of pressure sores. Where risks were identified in these assessments, control measures were documented to reduce the risk of harm to the person.

In the support plan section of the document, it stated the days of the week and the times that staff would visit the person in their home. There was also detailed information for staff about what tasks would need to be carried out when they visited the person. As part of the support plan we read what staff could do to help the person maintain their independence whilst they were receiving support from Prestige staff.

The support plan document for each of the six people whose records we reviewed also included information about them, the outcomes they hoped to achieve and their personal carers, if there were any. It also documented their past medical history, dietary needs and social needs. The service held sufficient information about people to be able to support them fully.

We spoke with six relatives of people using the service. We were unable to speak to the individual's receiving the service, as they were too unwell to speak with us. One relative told us, "...can't complain. It's been super." Another relative told us, "The care has been outstanding". One other relative of a person using the service told us, "We've never had a problem, the support has been fantastic."

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

We looked at the recruitment processes in place at Prestige, and how the service ensured that people they employed were fit to work for the service.

We looked at the records for six members of care staff. For each of the six staff, we found that there was a copy of the original application form they had completed and a copy of the responses they gave at interview. We also found that Prestige had obtained a ten year employment history for all six of these staff members, before they were offered a post.

We found that the service had ensured that all six staff members were eligible to work in the UK, and had obtained appropriate ID in order to verify their identity. The service had carried out the appropriate character checks on all six, by undertaking an enhanced criminal records bureau (CRB) check and by seeking two satisfactory references from former employers for each person. This means that appropriate checks were undertaken before staff began work.

We saw that these recruited staff had been subject to a probation period, where their performance was checked regularly to support new staff and to pick up any issues. These six members of staff had undertaken an induction with the service, which included mandatory and essential training in the principles of delivering good care.

We spoke with the relatives/guardians of six people using the service about the staff who visited them. One relative told us, "They're very diligent. They just get on with it." Another relative told us, "They make our lives so much easier. They work really hard for us." One other relative told us, "They're first class. The care is always great."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at the way in which Prestige Nursing Norwich monitored the quality of the service it provided to people. We found that the service had an effective system in place for monitoring the quality of service provision.

We found that the regional manager carried out an audit of the service several times per year. This audit included looking at a sample of care files, staff files, complaints and incidents files. We were shown a copy of the last audit carried out by the regional manager, and the action plan that was completed to address the issues picked up. We saw that this action plan had been completed and that the regional manager was due to repeat the audit in the month after our inspection.

We found that the manager of the service also carried out audits on care files, complaints, incident's files and staff files. Where issues were picked up, these were discussed with individual staff members where necessary.

In addition, the service kept a spreadsheet of its staff, which kept track of things such as their training and CRB status. We saw that the spreadsheet highlighted when staff needed to be booked onto training, or when they were overdue for training.

We found that the service was carrying out telephone surveys in order to get feedback on the service. We saw records of the responses five people gave during the telephone survey. We were shown evidence that the provider used these responses to monitor the quality of the service. The provider also monitored responses for trends in negative feedback.

We found that the service was investigating complaints in line with the policy. The service was also keeping track of incidents and monitoring them for trends. We saw that where incidents occurred, management plans were put in place to reduce the risk of the incident occurring again.

We were shown the records of spot checks carried out by senior members of staff, on the

performance of care staff. We saw that staff were assessed for their competency with tasks such as moving and handling and medications administration.

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

We looked at the complaints policy in place at Prestige Nursing Norwich. We found that this policy had been reviewed and updated in 2013, and was not due for review until later in 2014. We found that this policy stated the procedure that a complainant could expect the provider to follow whilst investigating their complaint. This included timescales as to when the complainant should receive a written acknowledgement or outcome of their complaint. It also included information as to what external bodies the complainant could contact, should they be unhappy with the outcome of their complaint.

We were told that people were given a copy of the complaints policy when they began receiving care and support from Prestige Nursing. People we spoke with confirmed that they had been given a copy of the policy. This meant that people were made aware of the complaints system.

We looked at the records for four complaints made to the service in 2013. We found that all four complaints had been investigated in line with the policy. Detailed records were kept for these four complaints, with the original complaint, acknowledgement letter, minutes of any meetings and the outcome of the complaint being documented. We found that the service took appropriate action in response to people's complaints, and that there was evidence that these four complainants were happy with the outcome of their complaint. This meant that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We found that the service was keeping records for people using the service which were fit for purpose. A copy of all care records for each person was kept at the person's home, but a copy was also retained in the main office. We found that care records for people included appropriate information for staff such as what the person needed assistance with, information about them such as their GP and next of kin and information about their medical history. These records were reviewed regularly to ensure that they accurately reflected the current needs of the person. These records were kept securely in locked filing cabinets in the main office.

We found that the service kept appropriate and fit for purpose records for staff. These included records of their original application, training, employment history, identification, eligibility to work and their criminal records bureau (CRB) checks. Records were also kept of staff competency with care tasks and supervision and appraisal records. These staff records were kept securely in the main office.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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