



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

## The Private Care Company Limited

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Tel: 01273774951

Date of Inspection: 18 October 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Private Care Company Limited
Registered Manager	Miss Josephine Kennedy
Overview of the service	The Private Care Company Limited is a domiciliary care service based in Hove, East Sussex which is registered to provide the regulated activity of 'Personal Care' for people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

## 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
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## 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 announced 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 18 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

### What people told us and what we found

During our inspection we spoke with three people who used the service and the relatives of another two people who used the service. We also spoke with three staff members; these were the registered manager who is referred to as the manager in the report, and two care workers. We also took information from other sources to help us understand the views of people who used the service, which included surveys and reviews of care.

The people we spoke with told us they were happy with the care they had received and with the staff team. One person who used the service told us "I'm perfectly happy, I would never dream of changing agencies". The relative of a person told us "They do a really good job, I'm very happy with them". Staff we spoke with had a good understanding of the support needs of people who used the service. One member of staff we spoke with told us "I think we provide really good care".

Staff we spoke with said that they had undertaken training for safeguarding vulnerable adults. We saw systems and accessible information in place in respect to safeguarding.

During our inspection, staff we spoke with confirmed that they had felt supported and had received relevant training. We saw that the service had ensured staff were able to deliver care and treatment safely through regular training and assessments. The service also had quality assurance systems in place to monitor the quality of the service provided, and to gain the views of the people who used the service.

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](http://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

**Respecting and involving people who use services**  Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

The people that we spoke with told us that they had been involved in planning and making decisions about the care and support they had received from the service. The relative of a person who used the service told us "My [relative] gets lots of input into his care, they really listen. We were involved in the beginning and I have also been involved in reviews of my [relative's] care". Examples of people's preferences and goals and outcomes were included in their care plans. We saw an example in a person's care plan of how they had wanted a clean shirt and a pair of trousers ironed every day, and we saw that this had been followed. A person who used the service told us "They always listen to me and do what I want. They have to listen to me, otherwise I'd be on the phone to the office. Some little things go wrong occasionally, but we talk about it and they always sort things out".

The manager told us "At the initial assessment people tell us what they want, and we try to match the care and the carers that they will have to their requirements". This demonstrated that people who used the service had been involved in assessing their needs and planning their care, treatment and support goals.

One person who used the service that we spoke with told us "The carers always listen to me and do the things the way I like them to be done. Some are better than others, but on the whole they are very good". The relative of a person told us "They schedule the calls for when my [relative] wants them and they carry out the tasks that they want. It's a first class service". A member of staff told us "We do whatever the people want us to do. We are here to help them and happy to help them. We provide the care in the way that they want". Another member of staff told us "Every call, every day, is different. It's all based on flexibility and we adapt and alter things for people as they want them". This demonstrated that staff listened to people who used the service and respected their decisions.

We saw that information about the service and the care options available were displayed in a brochure that had been provided to people before their care had started. This demonstrated that the service had provided information to help people understand their

care, treatment and support.

We saw that the service had held regular reviews and surveys where people could comment on the provision and delivery of care. We saw that people's feedback had been recorded. We saw that information had been given to people who used the service to let them know how to give feedback on their care. This demonstrated that people who used the service had been encouraged to express their views, and were involved in how the service was run.

The manager told us "We always listen to people and change things when required. One person told us that she likes to go out to a day centre, so we matched her with a carer who could drive her there. We also take several people to a disabled swimming club". This demonstrates that the provider had encouraged and enabled people who used the service to be an active part of their community in appropriate settings.

**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**

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The manager confirmed that any new people who used the service were thoroughly assessed prior to their care starting. This ensured that people's care needs could be met by the service, and ensured compatibility with staff members. Through records we looked at and feedback from staff we spoke with, there was evidence that a thorough assessment and introduction into the service was undertaken for people.

We viewed the care files of five people who used the service. The care plans we looked at provided appropriate and adequate information to staff on how to support people in line with their needs and wishes. We saw evidence of paperwork used to assess the needs of people who used the service. We saw up-to-date evaluation sheets had been used for the monitoring of general health, daily living abilities, medication, likes, dislikes, preferences, communication and finances. This demonstrated that the service was planning and delivering care to meet individual needs.

The care plans we viewed had risk assessments that related to specific and identified risks to people's safety, and contained details of actions to be taken by staff to minimise the identified risks to people and staff. We were told by the manager that support plan reviews were completed every six months or when people's needs changed. This ensured that staff remained informed of the most current care needs of people who used the service. We saw evidence in the care files that support plan reviews had been carried out regularly. This demonstrated that through the planning of care, the service had ensured the welfare and safety of people who used the service.

People who used the service were encouraged to maintain their health and independence. Records were seen to include evidence of multi-disciplinary notes from other people involved in the delivery of care, such as healthcare professionals. We saw that people who used the service were registered with local General Practitioner's (GP's) and had access to other healthcare professionals, including community nurses as required. We saw in the

support plans that people were supported to attend healthcare appointments and all such visits and appointments were recorded. This demonstrated that the provider ensured safe and appropriate personalised care, centred on the individual and considered their circumstances and their immediate and longer term needs.

We were told by the manager that the service operated an out of hours on-call facility within the organisation, which people who used the service and care workers could ring for any support and guidance needed. The manager also told us that the service had contingency planning systems in place. They used a system to assess the needs of people who used the service, in order to prioritise visits in the event of emergencies, such as periods of heavy snow. We saw that staff had received training in First Aid. This demonstrated there were arrangements in place to deal with foreseeable emergencies.

One person who used the service told us about staff "I'm perfectly happy with my carer, I think she's wonderful. The manager does so well with them". The relative of a person that we spoke with told us "They are absolutely superb. 99% of the time they arrive exactly when they say they will. I have no concerns about my [relative's] care at all". One care worker we spoke with told us "Our calls are never rushed. We focus on what people want and what they need". The manager told us "I think we provide really good care to the people using the service". This demonstrated that people had experienced care, treatment and support that met their needs and protected their rights.

The manager told us, "We never take on too much work, so we never have capacity issues. We always have spare capacity to cover emergencies or make changes to people's care if they want it. We forward plan our rotas and provide good consistency and continuity. We cluster our calls and care workers to specific localities to cut down on travelling time". A person who used the service told us, "I never get more than four different carers in a week. I have one primary carer and three back-ups and they are all very reliable". This demonstrated that the people who used the service were provided with good continuity of care as a result of good communications between all of those who provide it.

The service had policy and procedural documentation in place which was accessible to staff. We saw that the documents were comprehensive and had been updated in places. The documents informed staff of the correct way to carry out their duties and to deliver care. They also contained procedures for staff to follow in an emergency or if they were concerned about any aspects of the service. This showed that the service had clear procedures in place that had been followed in practice, monitored and reviewed.

**People should be protected from abuse and staff should respect their human rights**

### **Our judgement**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### **Reasons for our judgement**

During our inspection we saw that people who used the service were protected from the risk of abuse.

We saw evidence of internal safeguarding and whistle blowing policies and procedures used by the provider. We were told by the manager that staff had attended training for the safeguarding of vulnerable adults, to update and increase their knowledge of safeguarding practices and procedures. We saw evidence which supported this. This demonstrated that the provider had ensured that staff knew how to identify, report and respond appropriately to suspected or actual abuse because there were clear procedures that were followed in practice, monitored and reviewed. However the provider might like to note that the contact details for the Care Quality Commission (CQC) detailed within the whistle blowing policy for staff were out of date. We raised this with the manager who told us that this would be amended.

The staff we spoke with said that they had undertaken safeguarding training and all knew the correct procedure to follow if they witnessed or suspected abuse. One member of staff told us "I have done safeguarding training. I would talk to the manager if I had any concerns". Another member of staff told us "I would alert the manager straight away". This demonstrated that the provider had ensured that staff understood the signs of abuse and would raise any concerns with the appropriate person.

We saw that the service had provided people with information and guidance on what to do should they have any concerns around safeguarding and safety. This demonstrated that the provider had ensured that people who used the service were aware of how to raise concerns of abuse.

We were told that the provider operated in accordance with the local authority safeguarding procedures. This ensured that people who used the service benefited from a service that worked collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and had safeguarding policies that linked with the local authority policies.

**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**

We spoke with two care workers during our inspection about their experience of working at The Private Care Company Limited and the support they received.

Both the care workers we spoke with confirmed that relevant training and support had been provided on a regular and ongoing basis, and that they had undertaken a variety of training. We were told that the manager had been approachable and supportive. One care worker told us "It's all really well set up and organised here. It's an excellent company to work for. The manager is excellent and we can discuss anything". Another care worker told us "They are a really good company to work for and I wouldn't dream of working for anyone else. I'm not just saying this, but the manager is always really supportive". The manager told us "We really back staff up and support them. We offer a 'Living Well Wage' and have a stable workforce with good staff retention". This demonstrated that staff had been properly supported to provide care to people who used the service.

During our inspection the manager told us that staff had received appropriate training and professional development. We were able to confirm this by looking at the training schedule for staff, certificates of training and induction records in the care worker files. One care worker told us "We are told that we can always access training and get training when we want". Another care worker told us "I've done lots of training and I've got my NVQ three (National Vocational Qualification Level three)". The provider had demonstrated that staff had received a needs based learning and development plan that had taken into account recognised standards in the sector.

We were informed by the manager that there were effective systems of communication within the service, including regular formal and informal supervision sessions. This was to ensure that people had the necessary support and opportunity to discuss any issues or concerns that they may have. The manager told us that formal supervision had been provided for all care workers at regular intervals. We viewed evidence of supervision notes which supported this. One care worker we spoke with told us "I get regular supervision sessions and we also get unannounced spot checks on our work as well". We were told by the manager that dedicated email accounts had been set up for staff to raise any issues, discuss their rotas and request annual leave. This demonstrated that the provider was

supporting staff appropriately.

## **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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

### **Reasons for our judgement**

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

During our inspection we saw evidence that the service had held regular review meetings with people, to provide them with the opportunity to comment on the provision and delivery of care. Details of these meetings had been recorded. The two care workers that we spoke with told us that they had regularly fed back information from people who used the service and their relatives to their manager, to monitor the quality of care provided. We were told that staff supervision sessions had taken place and we saw notes to support this. The service had a dedicated email address to allow care workers to feedback about the care being delivered. The relative of a person who used the service that we spoke with told us "They always listen to my feedback and sort out any problems that we might have". A person who used the service told us "The manager often gets in touch and finds out if I'm ok". This demonstrated the provider had ensured that there were regular opportunities for feedback on the quality of the care provided.

During our inspection we looked at the care plans of five people who used the service, they provided information to staff on people's assessed care requirements. The manager told us that care planning and risk assessment documents had been reviewed regularly, or when needs had changed. This ensured that staff remained informed of the most current care needs of people who used the service. Evidence of reviews was seen in support planning documentation. This demonstrated that the service had systems in place to identify, assess and manage risks relating to the health, wellbeing and safety of people who used the service.

We saw that there was a complaints policy in place. We saw that the policy gave information on how complaints should be handled appropriately. It also included information on how to implement and record any corrective action to be taken and any learning outcomes identified. Information about how to make a complaint had been given to people who used the service at the start of their care. The manager told us that at the

time of our inspection, the service had not received any complaints. This demonstrated that the provider had a system in place to take account of complaints and comments to improve the service.

We saw that an accident/incident reporting system was in place for people who used the service, which contained information that was up-to-date and appropriate. The electronic documentation offered written evidence of corrective action taken after incidents had occurred. We also saw evidence that there was a formal system in place for the service to record any accidents and incidents that may occur with staff members. This ensured that the provider had systems in place to gather information about the risks to people's health, welfare and safety and make changes where necessary.

## 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.

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**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.

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**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.

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**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

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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

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