



PREMIUM **CARE** SOLUTIONS LTD

— COMPASSION • QUALITY • TRUST —

CLIENT HANDBOOK

Specialist care. Complex needs.

Better lives. Every day.

A concise guide to your care, your rights, your team and how we work with you.

Welcome to PCS

Thank you for choosing Premium Care Solutions. This handbook explains how your care will be planned, delivered, reviewed and improved, and where to go if you need help or want to give feedback.

Our mission

Empowering lives through compassionate, person-centred care delivered with dignity, respect and excellence.

What this handbook covers

- 01 About PCS, specialist care & your rights
- 02 Starting your service & care planning
- 03 Funding & important service terms
- 04 Your care team, training & first weeks
- 05 Day-to-day care & practical arrangements
- 06 Quality, safeguarding, complaints & feedback
- 07 Partners, changing care, contacts & FAQs

Your PCS leadership team



Amrit Dehal
Managing Director



Jin Garcha RN
Clinical Director



Hayley Clancy-Ugwu
Registered Manager



Victoria Green
Head of Adult Services



Claire Stickley
Head of Children's Services



Tom Claxton
Director of Business Development

Made around you.

We plan care around your health, routines, family life, communication, goals and the things that matter most to you.

About PCS & your rights

Premium Care Solutions Ltd (PCS) provides person-centred domiciliary and specialist complex care to adults, children and young people who require support to live safely and as independently as possible in the community.

Regulated care

PCS is registered with the Care Quality Commission (CQC) for personal care, nursing care and treatment of disease, disorder or injury. The current CQC location rating is Good across all five key questions (report published 23 October 2025).

PCS is also registered with the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland.

Our specialist care

- Spinal cord injury
- Traumatic / acquired brain injury
- Ventilator dependency
- Tracheostomy support
- Neuromuscular conditions
- Motor neurone disease
- Parkinson's disease
- Multiple sclerosis
- Spinal muscular atrophy
- Learning disability & sensory impairment
- Complex paediatric care
- Rehabilitation and community support

Children and young people may be supported with respiratory conditions, invasive/non-invasive ventilation, cerebral palsy, epilepsy, genetic disorders, brain or spinal injury and other complex neurological conditions.

Your rights and choices

- Dignity, respect, privacy and family life
- Choice, independence and positive risk-taking
- Freedom of thought, conscience, religion and expression
- Care without discrimination
- To be involved in decisions and reviews
- To access your care records and add comments
- To refuse entry to someone you consider unwelcome
- To complain without fear of reprisal

Advocacy & capacity

If you cannot make a particular decision, PCS will follow the Mental Capacity Act 2005 and relevant best-interest processes. An advocate may represent you where appropriate.

Communication & inclusion

Tell us your preferred way to receive information, who may be contacted, any communication aids you use, and whether you need information in another format.

Starting your service

A safe start begins with understanding you, agreeing the care plan and ensuring the right team, training, funding and risk controls are in place.

1 Initial assessment

Your PCS clinician assesses health needs, routines, communication, mobility, medication, clinical procedures, home risks, equipment, lifestyle and goals.

2 Your preferences

We discuss what matters to you in the people who support you, including compatibility, interests, smoking preference, driving ability and lawful/relevant gender preferences.

3 Care & Risk Management Plan

Your plan records agreed tasks, medication support, clinical interventions, risk assessments, emergency plans, communication needs, routines, nutrition, rehabilitation and family/professional involvement.

4 Consent & information sharing

PCS seeks appropriate consent for care, treatment, information sharing and professional involvement. Where capacity is lacking, the relevant legal framework is followed.

5 Recruitment, training & authorisation

Recruitment, funding approval, induction, client-specific training and competency sign-off are completed to the level needed for a safe start.

6 Start date & review

PCS agrees a start date with you and the relevant funder/commissioner. Care plans are reviewed whenever needs change and at least annually, with earlier reviews when required.

Who can be involved?

With your consent, PCS can work with family, case managers, commissioners, therapists, nurses, schools, legal teams and other professionals involved in your care.

Funding & important service terms

How care may be funded

NHS / ICB FUNDED CARE

PCS can work with Integrated Care Boards and health authorities to assess, cost, recruit and train a package once authorised.

PERSONAL HEALTH BUDGET / DIRECT PAYMENT

PCS can provide care directly and support planning of the package and related administration.

COMPENSATION-FUNDED CARE

PCS can work with legal teams, insurers and case managers before or after settlement.

PRIVATE CARE

Private clients receive written Terms & Conditions covering services, charges, duration and cancellation.

Key commercial points

Quotation	Subject to full assessment; PCS Terms & Conditions state quotations are valid for 90 days.
Set-up fee	One-off fee equivalent to one week's cost of the package for assessment, care planning and induction.
Invoices	PCS Terms & Conditions state invoices are issued on the 1st and due by the 15th via BACS.
Late payment	At PCS's discretion, overdue invoices may attract interest at 8% above HSBC Bank base rate.
Training / shadow	Training and shadow shifts with the client are charged at the agreed standard hourly rate.
Bank holidays	1.5x standard rate; Christmas Day, Boxing Day and New Year's Day 2x standard rate.
Sleepover shifts	PCS Terms & Conditions allow up to two call-outs of no more than 20 minutes each; exceeding either limit may reclassify the shift as a waking night.

Your signed agreement prevails.

This handbook is a plain-English guide. Your quotation, Charges Schedule and signed Terms & Conditions set the binding commercial arrangements for your package.



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Your care team & training

Building your team

PCS recruits for each client individually, with the aim of continuity and a dedicated team that knows your routines, goals and clinical needs.

1 STAFF PROFILES

Suitable candidates can be introduced through profiles before you meet them.

2 MEET & GREET

You can be involved in meeting or interviewing potential team members.

3 SAFER RECRUITMENT

Enhanced DBS, references, right-to-work, qualifications/registration where relevant and occupational health checks.

4 INDUCTION & COMPETENCE

New starters complete required induction, client-specific training and competency sign-off before working independently where required.

Compatibility

If a team member does not feel like the right match, tell your care manager. PCS will consider alternatives while keeping the package safe and staffed.

Training built around you

- Health & Safety
- Moving & Handling
- Infection Prevention & Control
- Basic Life Support
- Safeguarding Adults and Children
- Medication
- Spinal cord injury
- Ventilator support
- Tracheostomy and suctioning
- Paediatric emergency care where relevant

Competence is never assumed

Clinical tasks are performed only by staff who have been trained and assessed as competent. Mandatory and specialist training is reviewed and refreshed.

Your first 12 weeks

Weeks 1-4 Safe delivery, team fit, communication, care-plan accuracy, training and rota issues.

Weeks 5-12 Continued competency checks, feedback, recurring rota gaps and care-plan adjustments.

Ongoing Clinical oversight, supervision, quality monitoring and regular reviews continue throughout the package.



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Day-to-day care

Meals, hydration & nutrition

Staff can prepare simple meals and follow dietary requirements recorded in your care plan.

Care records

Care staff record visits and agreed tasks. PCS uses time and attendance monitoring so worked hours can be recorded accurately. You can request access to your care records.

Shopping & money

Expenditure should be recorded and receipts kept. Staff must not borrow/lend money, take direct payment, use personal loyalty cards for your purchases, or incur liabilities on your behalf.

Professional boundaries

PCS staff should not accept inappropriate gifts, gratuities or bequests. Personal belongings and valuables remain your responsibility unless a formal arrangement says otherwise.

Housework & pets

Staff keep areas used by you and the care team clean and tidy but are not expected to do heavy cleaning, DIY or gardening. Basic pet feeding/exercise may be agreed; wider pet-care duties should be specifically arranged.

Employing family members

Family members may sometimes work within a package where recruitment, suitability, conflicts of interest and package safety can be appropriately managed.

Activities & community life

Your package can support appointments, rehabilitation, work, education, social activities, events and holidays where planned and risk assessed.

Your home, your preferences

Day-to-day arrangements should be clearly documented so your care feels natural, respectful and consistent while providing a safe working environment for your care team.



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PRACTICAL & CLINICAL SAFETY

Practical arrangements & clinical safety

Practical arrangements

DRIVING YOUR VEHICLE

You are responsible for ensuring appropriate motor insurance covers PCS staff driving your vehicle; PCS does not insure client vehicles.

PHONES, PHOTOS & SOCIAL MEDIA

Confidentiality and professional boundaries apply. Package-specific rules for phone use, photography, messaging and social media should be agreed.

SMOKING / VAPING

Expectations should be agreed within house rules and risk assessment so staff have a safe working environment.

CCTV / RECORDING

Recording in the home should be transparent, lawful and agreed. Undisclosed audio/video recording may create a safety or service issue.

ALCOHOL & DRUGS

Any risks from alcohol, illegal substances or impairment should be discussed openly so safe care arrangements can be agreed.

Clinical safety

INFECTION PREVENTION

Staff training and care planning include infection prevention measures appropriate to your home, equipment and clinical needs.

MEDICATION

Medication support or administration must be assessed, recorded in the care plan and completed only by appropriately trained and competent staff.

ACCIDENTS & INCIDENTS

Incidents are reported promptly so immediate action can be taken, records completed, risks reviewed and learning shared.

HOSPITAL ADMISSION / CONDITION CHANGE

Tell PCS as soon as possible. The team, rota and package may need to be temporarily adjusted.

HOLIDAYS & TRAVEL

PCS can support travel where planning, funding, staffing, training, insurance and risk assessment are in place.

Quality, assurance & sector partners

How PCS monitors quality

- Regular client contact and care reviews
- Clinical oversight and training review
- Client satisfaction surveys and live feedback
- Supervision, spot checks and audits
- Incident learning and improvement
- Complaints management and action plans

CQC

PCS is registered and regulated by CQC. The current location rating is Good across all five key questions (latest report: 23 October 2025).

RQIA

PCS is registered with and regulated by the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland.

Partners, memberships & quality commitments

We are proud to work alongside professional bodies and sector organisations that support high standards, collaboration and better outcomes.



SIA Trusted Partner. Premium Care Solutions is proud to be a Spinal Injuries Association Trusted Partner.



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Keeping you safe & listening to you

Safeguarding

PCS policies protect adults, children and young people from abuse, neglect and avoidable harm. Staff receive safeguarding training and must report concerns promptly through PCS procedures and, where required, to the local authority or emergency services.

Whistleblowing

Serious concerns can be raised without fear of reprisals and may connect with safeguarding, governance or disciplinary processes.

Confidentiality & data

Except in emergencies or where required by law, PCS will not disclose personal or confidential information without appropriate consent. PCS processes relevant personal data to provide your service and is registered with the ICO under registration number ZA088488.

Equality, diversity & inclusion

Your culture, beliefs, identity, lifestyle and protected characteristics should be respected. PCS does not accept discrimination against clients or staff.

How to raise a concern or complaint

- 1 Speak with your care manager or the PCS office if you feel comfortable doing so.
- 2 If formal or unresolved, ask for the matter to be logged under the PCS complaints procedure.
- 3 PCS aims for full resolution within 28 working days; complex investigations may take up to 12 weeks.
- 4 If still dissatisfied, you may be able to contact the relevant commissioner/funder and the Local Government and Social Care Ombudsman where applicable.
- 5 CQC does not resolve individual complaints but welcomes information and feedback about regulated services.



Your voice matters

Compliments, concerns and suggestions help us improve.

www.pcs.uk.com/feedback



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When care changes or ends

Changes to your package

Changes should be discussed with you and relevant representatives, recorded in the care plan, safely planned and communicated to the team.

Withdrawal for safety

Service withdrawal may be considered where serious risks to staff cannot be reduced, including violence, serious harassment, unsafe home conditions or other unacceptable hazards. Withdrawal is a last resort.

Contract notice

PCS Terms & Conditions state that either party may end the agreement with one month's written notice. Where the Service User terminates PCS services, the terms provide for a month's payment based on the current signed monthly costing, in addition to charges already incurred.

Direct employment of PCS staff

PCS Terms & Conditions provide for a £5,000 fee per individual if a PCS staff member moves into direct or indirect employment with the Service User, funder or a third party to continue working with the Service User within 12 months of leaving PCS.

At the end of care: PCS will agree handover, final records, keys/property/equipment arrangements, rota closure and communication with commissioners or successor providers where relevant.

Frequently asked questions

Can staff use my car?	Yes, where agreed and appropriately insured. You are responsible for suitable vehicle insurance.
Can I change care times?	Discuss changes with your care manager. They depend on staffing, clinical safety, contractual hours and funding approval.
Can I request a different team member?	Yes. Raise compatibility concerns and PCS will explore safe alternatives where possible.
Can I go on holiday?	Potentially yes, with sufficient planning, staffing, funding and risk assessment.
What do I provide for staff?	This is package-specific. Long shifts normally require reasonable access to toilet facilities, drinking water and appropriate rest arrangements.
Do staff get breaks?	Breaks depend on shift length, staffing model and care needs and must be arranged so the package remains safe.

Contract reminder: This handbook summarises PCS client information and Terms & Conditions. Your signed agreement and current PCS policies take precedence if wording differs.

Contacts & useful reference

Contact Premium Care Solutions

Premium Care Solutions Limited

63 Headlands

Kettering

Northamptonshire

NN15 7EU

Telephone: 01536 213680

Website: www.pcs.uk.com

Quotations / agreements:

Tom Claxton - Tclaxton@premium-care.co.uk

Laura Platts - lplatts@premium-care.co.uk

Debbie Fry - dfry@premium-care.co.uk

Office hours: Monday-Friday, 9.00am-5.00pm.

Useful definitions

Best interests

A decision-making process used when a person lacks capacity for a particular decision, focused on their rights, wishes, feelings and welfare.

Clinical competency

Evidence that a member of staff has the knowledge and practical ability to perform a clinical task safely.

Mental capacity

A person's ability to understand, retain, use or weigh relevant information and communicate a decision about a specific matter at a specific time.

Risk assessment

A structured process to identify hazards, assess risk and agree controls that allow care to be delivered as safely as possible.

Safeguarding

Protecting a person's right to live safely, free from abuse and neglect.

Your package contacts

Care Manager _____

Clinical contact _____

Commissioner / Case Manager _____

Out-of-hours number _____



Share your feedback

Scan the code or visit:

pcs.uk.com/feedback

Care that fits around you.

Person-centred. Clinically supported. Built around real life.