

Privilege Care Limited

Privilege Care Limited

Inspection report

The Urban Building 3-9
Albert Street
Slough
SL1 2BE

Date of inspection visit:
13 April 2022
14 April 2022

Date of publication:
24 May 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Privilege Care Limited has one registered location providing care and support to people in their own home. The office is situated within walking distance of Slough's High Street, railway station and transport links. At the time of our inspection, five people were supported with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found:

During this inspection, we checked to see if the provider had addressed the concerns found at our previous visits on 10 to 13 September 2019.

People and relatives spoke about the caring nature of staff. Comments included, "I am very happy with my male carer who is fantastic, part of the family and furniture!" and "The carers are very kind and compassionate."

People received person-centre support from staff whose care practices were not discriminatory. Staff records showed they had undertaken equality and diversity training and were aware of people's diverse needs. People and relatives were involved in making decisions about their care. Peoples' dignity and privacy was maintained, and their independence promoted.

People and relatives said they were kept safe from abuse. Comments included, "Mum has absolutely no concerns about her carers, she feels very safe and secure" and "He (family member) feels very safe in their care."

People were protected from harm. Staff had demonstrated a good understanding of how to keep people safe and the nominated individual had attended role-specific training relating to safeguarding adults and children at risk. People were protected from avoidable harm. Risks to peoples' health and welfare were identified, and staff were provided with enough information to know how to manage and mitigate those risks. Safe recruitment practices and medicines management were in place and people were protected from the risk of infection. Robust measures were in place in response to the COVID-19 pandemic.

People and relatives felt staff were trained to carry out their job roles. A relative commented, "The carers are well trained, and the regular carers make sure any new carers are well informed and trained to meet (family member's) care needs."

Staff were appropriately inducted, trained and supported. The provider ensured accurate information was in place to enable staff to provide effective care. Assessments relating to peoples' care and support needs were regularly reviewed and included information relating to all protected characteristics, as identified in the Equality Act 2010. The provider worked with health and social care professionals to ensure peoples' care and support needs could be met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found people's rights were protected because the nominated individual ensured they and staff worked in accordance with the MCA and its Codes of Practice.

People and relatives felt the service was responsive to their care and support needs. Comments included, "I find the company very responsive to the needs of their service users which is reflected in the high standard of my care."

Staff had enough information to enable them to provide care in the way people said they wanted it. The provider worked in accordance with the Accessible Information Standard (AIS) to make sure people were given information in a way they could understand. The provider had appropriate systems in place for identifying, receiving, handling and responding to complaints. We have made a recommendation regarding their complaints policy.

People were overwhelmingly positive about how the service was managed. Comments included, "I feel 100% looked after. I do feel that the company does value the carers who work for them. I would recommend this company." and "I can't speak highly enough of them (care staff) and I couldn't manage without them! I would definitely recommend them (the service), 100%."

Since our last inspection the provider had made significant improvements and had established effective systems and processes to ensure good governance. However, they were not meeting all the conditions of their registration. The provider had taken the learning from their last inspection to improve peoples' safety and the quality of the service provided.

Rating at last inspection and update: The last rating for this service was inadequate (published 9 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 9 December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our responsive findings below.

Privilege Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to discuss people's experiences of the care and support received.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the service did not have a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection site visit activity started on 13 April 2022 and ended on 14 April 2019. We visited the office location on both days to see the nominated individual and office staff, review care records and policies and procedures. The EXE made telephone calls to people on 13 April 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

Throughout the inspection we gave the provider opportunities to tell us what improvements they had made since our last visit.

We spoke with one person who used the service, three relatives, three care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed four care plans, three staff files in relation to recruitment, induction and supervision, training data, policies and procedures and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated inadequate. At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection, records did not provide staff with enough information about how to manage risks when supporting people and risk records were not fully completed and up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- During this inspection we found people were protected from unavoidable harm. This was because risks to people's health and welfare were identified, and staff were provided with enough information about how to manage and mitigate those risks.
- Where people were identified at high risk of falls, completed falls risk assessments and manual handling assessments provided staff with enough information on how to support those people to mitigate risks.
- This was also cited when we looked at risk management plans where people were identified at risk of COVID-19, pressure ulcers, malnutrition, and dehydration, as other examples.
- Staff told us, and training records confirmed they had attended risk management training. A staff member when referring to how they support people who had identified risks commented, "We have to check the environment and equipment we use. The risk assessment tell us what the risks are and the risk management plan tells us what we need to do to reduce it."
- A risk assessment policy and procedure, last reviewed in May 2021, was in place to help staff understand and respond appropriately to risks.

Staffing and recruitment

At our last inspection the provider failed to ensure there were enough numbers of suitably qualified, competent, skilled and experienced staff to meet peoples' care and support needs. This was a repeated breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to ensure that robust staff recruitment processes were in place to protect people from unsuitable staff. Which was a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulations 18 and 19.

- At our last inspection, we found people did not always receive care from consistent staff who were familiar with their needs. During this inspection, relatives spoke positively about the delivery of care and told us staff attended regularly and would let them know if they were running late. We noted staff had been providing care and support to people for several years.
- One person spoke positively about their care but felt the service was short staffed and commented, "Maybe just a few small adjustments or changes would make a big difference to the rota." The nominated individual told us even though there were sufficient staff to meet people's care and support needs, they had identified the need to recruit additional care staff. At the time of our visit, the nominated individual told us they had applied to the Home Office sponsor scheme to recruit staff from overseas.
- Since our last inspection there had been a reduction in the amount of people who used the service. We found there was sufficient staff deployed to provide care and support to people. A contingency plan was in place. This ensured agency staff could be brought in to make sure enough staff were available to cover both emergencies and routine work of the service.
- The call monitoring system in place showed the provider was able to monitor all calls and allowed them to see where care staff were in 'real-time'. This ensured people would receive care and support required.
- Recruitment practices had improved to make sure people were not placed at risk of harm or potential harm. Staff records were complete and contained evidence of the required recruitment checks. These included disclosure and barring checks, references from previous employers and completed medical questionnaires. Job applications were fully completed with explanations for gaps and reasons for leaving employment. This ensured people received care and support from suitable staff.

Using medicines safely

At our last inspection the provider failed to ensure safe medicines management. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had made a recommendation for the provider to review their medicine management policies and procedures to ensure these were in line with recognised best practice guidance.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 and had met the recommendation.

- At our last inspection we found medicine competency assessments did not document what staff had done well or whether further improvements were required. Audit systems did not include audits of medicine administration records (MARs).
- During this inspection we found the provider had made improvements. Completed medicine competency assessments now documented what staff did well and where further improvements were required. Auditing processes now included audits of MAR records. This meant any potential safety issues in relation to administration of medicines could now be identified.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider reviews their safeguarding systems to ensure staff's understanding of their responsibilities and to ensure safeguarding concerns are reported and managed appropriately. The provider had met the recommendation.

- This was confirmed by our conversations with staff to gauge their understanding of responsibilities relating to safeguarding, how they are managed and reported, and reviews of staff safeguarding training. For

example, the provider's training programme called 'Prepare to Care' covered safeguarding scenarios where staff were given four safeguarding scenarios and had to identify any risks to people and explain what action they would take.

- Although a registered manager was not in post, training records showed the nominated individual had attended role-specific training relating to safeguarding adults and children at risk. This ensured they had the knowledge and skills required to respond appropriately to safeguarding.
- At our last inspection we found the provider's safeguarding policy did not consider the local authority's safeguarding arrangements for dealing with allegations of abuse or neglect. During this inspection, the provider's updated safeguarding policy and procedures, now referred to the local authority's safeguarding arrangements.
- Since our last visit there had been no reported safeguarding incidents in the service.
- Relatives told us their family members were safe from harm. Comments included, "Mum has absolutely no concerns about her carers, she feels very safe and secure", "His behaviour (family member) is very threatening, but they (care staff) take it all in their stride. This happens quite often as his dementia progresses, but I know he is safe in their care" and "He (family member) feels very safe in their care."
- People were protected from abuse because the provider had implemented effective systems to identify, investigate and appropriately respond to allegations of abuse.

Learning lessons when things go wrong.

- During this inspection, one incident had been happened. We noted information relating to the incident had been completed on the relevant form. This enabled us to see what had happened, the date and time, which staff had reported the incident and what action had been taken. We noted the provider had taken appropriate action.
- Since our last inspection the provider had developed auditing systems which would help them to analyse incidents and accidents to ensure lessons could be learnt to reduce the likelihood of an incident reoccurring.

Preventing and controlling infection

- People and relatives told us staff always wore personal protection equipment (PPE) when delivering care and support.
- Appropriate arrangements were in place to ensure people were protected from infection and robust measures were in place in response to the COVID-19 pandemic.
- The provider followed updated government guidance in relation to COVID-19. Records showed staff were undertaking regular testing and the results were monitored regularly by the nominated individual.
- During our inspection the provider received a delivery of PPE. This ensured staff would be able to provide safe care and support to people.
- Training records showed staff were up to date with relevant training and the provider's infection control policy was updated to reflect changes in legislation relating to COVID-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated inadequate. At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found the provider was still in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they failed to follow national guidance and best practice on assessing people's needs.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At our last inspection we found the provider did not always ensure accurate information was captured to enable staff to provide people with effective care. Assessments of people's care and support needs were not regularly reviewed, and care records did not include information relating to all protected characteristics as identified in the Equality Act 2010.
- During this inspection we found the provider made sure accurate information was captured, assessments were reviewed regularly, and care records were developed in line with the Equality Act 2010.
- Care records now documented people's medical conditions, with key fact information sheets available for staff to understand what those conditions were, how they impacted people's behaviours and what staff should do to support them. This ensured people could be effectively supported and cared for.
- Relatives told us their family member's care plans had been reviewed. Comments included, "Mum has a care plan which I have been part of and it is due to be reviewed soon including a medication review" and "His care plan is regularly reviewed." Our review of care records confirmed this. This meant people's care assessments were regularly reviewed to ensure their care and support needs were being met and were still relevant.
- Care records now included all protected characteristics identified in the Equality Act 2010. This meant the provider ensured people were protected from discrimination.

Staff support: induction, training, skills and experience

At our last inspection, we found staff did not receive sufficient training and support to ensure they were able to meet people's needs effectively. This was a repeated breach of Regulations 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People received care from staff who were appropriately inducted, trained and supported.
- Relatives felt staff received enough training. Comments included, "The carers are well trained, and the regular carers make sure any new carers are well informed and trained to meet (family member's) care needs" and "They (care staff) are very well trained, particularly when (family member) is being very aggressive."
- The provider had a comprehensive induction program in place. Completed 'Prepare to care' workbooks showed staffs knowledge was assessed in line with their Care Certificate training. The Care Certificate is a set of 15 national standards that new health and social care workers should meet to show they were able to carry out their roles. This helped the provider to know whether the training staff received was embedded.
- Training records viewed, and the provider's training matrix confirmed staff were up to date with all essential training.
- Staff spoke about their experience of training. A staff member commented, "I am completing my Level 4 Diploma in Health and Social Care. We have a lot of training. I am going to do my manual handling train the trainer refresher course shortly." Whilst another staff member told us they were completing their Level 3 Diploma in Health and Social training and what they hoped to achieve in their career.
- Staff spoke about training attended with confidence and demonstrated a good understanding of subject matters covered. For example, when discussing the Mental Capacity Act (MCA), they were able to explain what the MCA was and how they applied it in practice to their job role.
- Some of the people who used the service had complex health care needs. Training records confirmed staff had received specialist training to ensure they could effectively provide care and support to them.
- Staff spoke positively about the support they received through supervisions. A review of staff records confirmed supervisions were held regularly and annual appraisals took place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found, management did not undertake role-specific training in relation to the Mental Capacity Act (MCA) and failed to act in accordance with the MCA and its Code of Practice. This was a repeated breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- People's rights were protected because the nominated individual ensured staff worked in accordance with the MCA and its Codes of Practice. Training records showed the nominated individual had received MCA training that was specific to their role.
- Where people had cognitive impairment or were unable to retain information, Mental Capacity

assessments were completed to show if they were able to make specific decisions.

- Care records showed who had legal powers to represent people who were unable to make specific decisions and what those powers were. The provider ensured they obtained documents to evidence this.
- Consent was sought before care and support was delivered. Care records showed people or those who represented them had signed to give consent for various aspect of care and support. A staff member told us, "We always tell the customers what we are going to do and wait for them to tell if they are happy for us to do it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Care records identified health and social care professionals involved in peoples' care and correspondence showed the nominated individual worked with these professionals to meet peoples' care and support needs.
- For example, referrals were made to speech and language therapists (SALT), assessments they attended jointly with occupational psychotherapists (OT) and discussions with general practitioners (GP). This ensured people's health needs could be effectively met.
- People and relatives told us how timely the care was. Comments included, "He's (care staff) is always on time" and "They (care staff) arrive on time or let us know if they are going to be late."
- Care records showed people were encouraged to live healthier lives. For example, where people had health conditions such as diabetes, people were encouraged to eat healthier diets to help manage their blood sugars.
- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was requires improvement. At this inspection this key question was rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we found staff were not provided with enough information about people's family history, needs and preferences to enable them to provide person-centred care.

Enough improvements had been made at this inspection.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the caring nature of staff. Comments included, "I am very happy with my male carer who is fantastic, part of the family and furniture!", "The carers are very kind and compassionate", "Dad and I are very happy with the care" and "The carers are very kind and go over and above to help wherever they can."
- Care records provided staff with enough information about people. For example, 'My brief summary' records captured what people liked to be called, what and who were important to them, their wishes and preferences, who is responsible for their medicines, who should be contacted in the event of an emergency and what were their care and support needs. This enabled staff to provide person-centred care.
- People received care from staff whose care practices were not discriminatory. Staff records showed they had undertaken equality and diversity training and were aware of people's diverse needs.
- Staff had been providing care and support to people for several years and had developed good working relationships with people, their family members and demonstrated they really knew the people they cared for. What they told us was supported by what we read in peoples' care records. A person commented, "I consider him (care worker) a 'brother from another mother' the way he cares for me. He is so respectful and kind, he is a good soul."
- Another person when describing how staff showed care to them told us, "I am also disabled, and they help by getting the washing out of the machine or putting the washing out."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives felt involved in decisions about their care. A relative commented, "The care plan is done in conjunction with me, his daughter."
- Care records confirmed this. For example, all assessments showed the provider had sought input from people and relatives.
- Daily log records showed the delivery of care was in line with what people said they wanted.

Respecting and promoting people's privacy, dignity and independence

- Peoples' dignity and privacy was maintained, and independence promoted.

- People and relatives' we spoke with confirmed this. For example, a relative told us when care staff were carrying out personal care to their family member they would, "Observe their privacy and dignity." This was confirmed by a staff member who told us, "We obtain consent and close curtains, we always explain what we are going to do and make sure they are comfortable."
- We noted care records showed under 'care worker requirements' that apart from staff undertaking the Care Certificate training and essential training, care workers 'Must be aware of service users' dignity and respect informed choices to ensure inclusion and person-centred care.'
- Staff told us peoples' independence was promoted. For example, a staff member commented, "We know [name of person]' left hand works, so we give them a drink in that hand. When we dress [name of person] we get them to pull their left hand through the sleeve."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question was rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life support

At our last inspection we found the provider did not ensure peoples' individual needs and preferences were met. This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People received care that was responsive to their care and support needs. This was summed up by a person who commented, "I find the company very responsive to the needs of their service users which is reflected in the high standard of my care."
- Care records gave staff enough information to enable them to provide care in the way people said they wanted it. This included people's family histories, spiritual needs, hobbies, food preferences and preferences for gender of care staff, for example.
- Relatives told us they were able to choose what they wanted. For example, a relative commented, "[Name of family member] has both male and female carers and was given the choice about this."
- At the time of our inspection, the provider was not supporting people who were at the end stages of life. We noted care records documented if advance care plans were in place and whether people and their family were ready to discuss this. Records showed staff had received relevant end of life training.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we found information documented was either too brief or did not accurately explain how people communicated or the support they required to ensure they are able to be understood and understand the information provided to them. This was a continued breach of Regulation 9 Person-Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People and relatives felt care staff met their communication needs. A relative commented, "Mum uses hearing aids and the carers chat, laugh and joke with her making sure she understands."
- During this inspection we found care records showed how people communicated and what staff needed to do to support them to understand.
- Care records captured peoples' sensory needs which covered their hearing, eyesight, and communication. These looked at what difficulties people had and what staff needed to do to support them. For instance, a person's care record stated they could express themselves verbally but needed staff to, 'Be very patient with me. I speak very slowly, and one must listen very carefully.'

Improving care quality in response to complaints or concerns

At our last inspection we found the provider did not operate an accessible system for identifying, receiving, handling, and responding to complaints. This was a continued breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- During this inspection the provider had accessible systems in place for identifying, receiving, handling and responding to complaints.
- People and relatives said they knew how to raise concerns. For example, a relative commented, "I have no complaints or concerns. If I did have, I would discuss it first with the carers, but the office staff are very approachable as well. I have a guide in a folder with telephone contacts in."
- A complaints policy was in place and had been recently reviewed in April 2022. People and relatives confirmed they had a copy of this in their homes. The complaints policy had contact details for external agencies who people could contact if they felt their complaints with health and social care providers remained unresolved. However, we noted the provider did not provide the full contact details for a local authority and had inaccurately provided CQC's information as an organisation people could go to when complaints were unresolved.

We recommend the provider review their complaints policy and procedure to accurately reflect which external agencies people should contact for unresolved complaints and provide their full contact details.

- We looked at the complaints register which showed no complaints had been received since 2020. There was a clear system for complaints to be logged, this showed who raised the complaint, date complaint was acknowledged and responded to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated inadequate. At this inspection this key question was rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems or processes were not established and operated effectively to ensure robust governance of the service. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the provider had established effective systems and processes in place to ensure good governance. However, they were not meeting all the conditions of their registration.

- Privilege Care Limited did not have a registered manager. It is a legal requirement and a condition of provider's registration to have a registered manager in post. The nominated individual told us of the difficulty they had trying to recruit to the post but will now apply to become the registered manager in the interim period.
- The service had a statement of purpose (SoP). This described what the service did; where they did it and who they provided a service for. It is a legal requirement for providers to notify the CQC in writing within 28 days, when there are changes of information within the SoP. The provider failed to do this when the registered manager had left the service.
- We noted information relating to which external agencies people should contact if they had unresolved issues, was inaccurate. We spoke with the nominated individual about this. They told us they would rectify this immediately and submit the relevant statutory notification, showing the relevant amendments. After our visit, we saw the nominated individual had submitted an updated SoP but this showed partial amendments had been made and inaccurate information remained. We have brought this to the attention of the Nominated Individual who advised they will re-submit it.
- At our last inspection we found management had not undertaken role-specific training to demonstrate they had the skills and knowledge to carry out their roles effectively. During this inspection, training records showed the nominated individual had attended the relevant role-specific training.
 - Effective governance systems were now in place to ensure the smooth running of the service. Various audits were undertaken.
 - For example, daily log audits ensured records relating to the delivery of care and support were accurate. Care plans and risk assessments viewed were up to date and reflected peoples' current needs. Records relating to staff competency assessments and staff recruitment records were also complete.
 - Medicine administration records (MARs), staff recruitment records and, accident and incidents were also

audited. This made sure care quality and safety to people's health and welfare were not compromised.

- There were clear records regarding decisions relating to care and support and discussions held with people or those who lawfully acted on their behalf.
- The provider had a call monitoring system that enabled them to monitor where staff were in 'real-time'. This ensured people would receive care and support at the agreed times.
- Minutes of quality assurance meetings and minutes of staff team meetings showed there was a clear focus on staff taking accountability and changing their work practices to drive quality improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, how the provider understands and acts on the duty of candour, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were overwhelmingly positive about the service. Comments received included, "I feel 100% looked after. I do feel that the company does value the carers who work for them. I would recommend this company.", "I can't speak highly enough of them and I couldn't manage without them!. I would definitely recommend them, 100%" and "The company is well managed."
- At our last inspection we found the registered manager did not understand their responsibilities in terms of meeting people's needs and protecting them from discrimination in relation to their protected characteristics under the Equality Act 2010.
- During this visit we found the nominated individual and staff had received role specific training to enable them to understand the importance of protecting people from discrimination. Our discussions with them, people, relatives and reviews of care records confirmed this.
- People told us how they were able to give their opinions about the service. Comments included, "I tell the carers if I want to pass on any feedback", "I just tell the carers if I think anything needs to be different" and "We've had a survey a couple of times."
- Completed quality assurance questionnaires showed peoples' views about the service was sought. A relative commented, "I have had a survey to complete and the response to feedback."
- Staff said they were supported, respected and valued and were able to provide feedback and they were listened to.
- The nominated individual had an understanding of the duty of candour with the relevant policy and procedures in place for staff to follow. At the time of our visit no notifiable incidents had taken place.

Continuous learning and improving care

- The provider had taken the learning from their last inspection to improve and ensure peoples' safety and the quality of the service provided.
- The nominated individual demonstrated through these improvements, they understood the principles of good governance and had systems in place to review where further improvement could be made. We found significant improvements had been made since our last inspection.