

Privilege Care Limited

# Privilege Care Limited

## Inspection report

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11 September 2019

12 September 2019

13 September 2019

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Inadequate** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

About the service:

Privilege Care Limited has one registered location. The office is situated within walking distance of Slough's High Street, railway station and transport links. At the time of our inspection, 17 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 visit on 28 January 2019. We found the provider did not make the improvements it told us it would, and there were multiple repeated breaches of the regulations. There were systemic failures in the provider's quality and assurance systems, and records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. This compromised the quality and safety of the service provided.

Systems in place to protect people from abuse were ineffective. Although staff had attended relevant training, some staff were unable to demonstrate how they would safeguard people if alleged abuse was disclosed. People could not be assured staff would recognise or respond appropriately to abuse. We have made a recommendation about the review of safeguarding systems. Risks to people's welfare and safety were not managed appropriately.

The provider did not have enough qualified, competent, skilled staff and recruitment and selection procedures, did not ensure people were only supported by staff who were suitable to do so.

Although some improvements had been made in relation to the safe management of medicines, further improvements were needed to ensure medicines were managed safely at all times. This placed people at risk of potential harm. We have made a recommendation about medicines management and medicines management policies and procedures.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; as the policies and systems in the service did not support this practice.

The provider failed to ensure staff had the appropriate knowledge and skills to meet people's needs effectively. The delivery of care and support was not personalised to meet people's specific needs. People's rights under protected characteristics, were not always protected as staff did not understand their

responsibilities.

The registered manager failed to document meetings with people and their relatives therefore, we were unable to determine whether the care delivered still met their care and support needs. The provider did not meet the requirements of the Accessible Information Standard as, there had not been an assessment of people's communication needs to ensure these were met. Systems in place to handle, record and deal with complaints were not effective.

People and relatives felt staff were caring and respectful. People said staff supported them to live healthier lives, access healthcare services and to eat well balanced meals. People were protected from the risk of infection. The provider sought the views of people and relatives about their experiences of using the service. However, at the time of our visit the provider had not taken any action to analyse and respond to the feedback received.

Rating at last inspection and update: The last rating for this service was inadequate (published 20 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the full report.

Enforcement

We have identified breaches in relation to person-centred care, obtaining consent from people to receive care and support, receiving and acting on complaints, ensuring staff are well supported and trained to provide effective care, recruiting staff that are suitable for the role and good governance.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not effective.

Details are in our effective findings below.

**Inadequate** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

**Inadequate** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# 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 an inspector and an 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 had 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.

#### 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 or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 10 September 2019 and ended on 13 September 2019. We visited the office location on all four days to see the registered manager and office staff; to review care records and policies and procedures. The EXE made telephone calls to people on 11 September 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 and registered manager opportunities to tell us what improvements they had made since our last visit.

We conducted two home visits and spoke with two people and their relatives about their experience of the care provided. We spoke with eight people on the telephone, three care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed seven 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.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

# 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 remains the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

At our last inspection the provider had not ensured records relating to risk management provided enough information for staff providing people's care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- People were not protected from unavoidable harm as records did not provide staff with enough information about how to manage risks when supporting people. For instance, a person's needs assessment stated they were diabetic, and this was controlled by diet. However, there was limited guidance in the person's risk assessment for staff about what to do if the person had a diabetic crisis and required intervention.
- The same person had limited mobility and, their care record stated there was a possible risk of them falling when getting into bed. However, risk reduction measures to prevent the person from falling, instructed staff to "...read and follow care plan and risk assessments" and did not give specific guidance about how to minimise the risk.
- The mobility risk assessment for another person who was unable to mobilise independently, did not include risks related to the person being moved in their bed, getting out of their bed and going to bed. The registered manager told us sections of the assessment had not been completed by mistake. Therefore, there was potential for the person to be harmed as staff were not aware of how to reduce the risk, when supporting the person to mobilise in and out of bed. The registered manager assured us this would be addressed immediately.
- Most people were unaware if they had been involved in assessing risks, but all said they had received a visit from staff when they started using the company. Comments included, "Yes, last week they (staff) came taking details", "Yes I think so, I have a walking frame for indoors and one for outside, they (staff) make sure I can reach it, so I don't fall", "No (assessment of risk not discussed) not really" and "No, (assessment of risk not discussed) I don't think so." There were no records of discussions held with people or their relatives regarding managing risks to welfare and safety.

We found no evidence that people were harmed. However, the provider did not ensure all risk records were fully completed and up to date. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



## 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 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 breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulations 18 and 19

- People did not always receive care from consistent staff who were familiar with their needs. A person commented, "There could do with being a bank of extra staff as we get lots of changes and my relative likes to get to know the staff they have for familiarity." Another person expressed their concerns about missed calls and how it impacted them.
- We spoke with the nominated individual about this and how they ensured there were enough staff to cover all calls. For instance, in the event of staff sickness or unforeseen circumstances. The nominated individual acknowledged more staff were required and spoke about the challenges they experienced trying to recruit new staff. They gave us the names of three staff members who had capacity to cover calls in such instances. After our inspection, we received a telephone call from one of those staff members to inform us they were no longer working for the company.
- We found there were no procedures to follow in an emergency to make sure enough staff were available to cover both the emergency and the routine work of the service.
- We viewed the call monitoring system that was in place since our last visit and looked specifically, at calls related to the person who had raised concerns about missed calls. We found several occasions covering a period of two weeks where staff had turned up later than the agreed call times. We saw several marks which indicated staff had failed to log their arrival and departure from the person's homes. The nominated individual explained they were aware of the person's concerns and calls were not missed but instead, care staff had arrived late. They said in response to this a staff member's rota was changed to enable the person to receive timely calls. However, there was no documentary evidence to support what the nominated individual had told us.
- The nominated individual could not give an explanation for sections where staff were not logged as attending calls. They told us a new call monitoring system was to be installed shortly which would enable them to be able to monitor all calls and allow them to see where staff were in 'real-time'. However, as no interim arrangements was put in place to address the issues found with the current call monitoring system, people could not be confident they would always receive the care and support required.
- Recruitment practices had not improved and continued to place people at risk of potential harm. Staff records were still incomplete and did not always contain evidence of the required recruitment checks. For instance, we looked at a job application form for a staff member who was employed since our last visit on 28 January 2019. We found the application was partially completed, missing information such full employment history and an explanation for any gaps in employment. There was no evidence this had been followed up when the candidate was interviewed. We saw no action had been taken to address similar findings in two other staff files viewed during our visit on 28 January 2019. This meant the provider's recruitment processes did not ensure people were protected from receiving care and support from staff who were not suitable.

We found no evidence that people were harmed. However, the provider's recruitment systems were not robust and therefore did not protect people from avoidable harm. This was a continued breach of

Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### 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.

Some improvements had been made and the provider was no longer in breach of Regulation 12. However, we have made a recommendation in relation to medicines management.

- Since our last inspection the provider had carried out assessments of staff competency in relation to supporting people with their medicines. However, the records from these checks did not provide any information about what staff had done well or whether any further improvements were required, and they were not signed by either party.
- The provider's audit systems did not include audits of MAR records and therefore any potential safety issues in relation to administration of medicines may not have been identified.

We recommend the provider review their medicine management policies and procedures to ensure these are in line with recognised best practice guidance.

- At our last visit on 28 January 2019, we found medicine administration records (MAR) were not detailed and care documentation made no references to 'as and when required' (PRN) medicines. During this visit we found MARS were detailed and electronic care records captured whether people used PRN medicines.

### Systems and processes to safeguard people from the risk of abuse

People and relatives said they felt safe. Comments included, "Yes I find them (staff) to be very kind and helpful, that makes me feel safe" and "Yes, we feel safe. We have allowed them (family member) to have a key safe because we felt our family member was safe with them (staff)."

- Management systems for protecting people from abuse were not robust. The registered manager's training records showed they had not attended role-specific training to ensure they had the knowledge and skills required to respond to safeguarding which was noted at our previous inspection. The registered manager told us they were scheduled to attend the relevant training, but they were unable to provide dates or show us confirmation of the booking.
- Some staff lacked understanding about what action they should take if they were concerned someone was being abused. For instance, a staff member told us if a person told them they were being abused by a relative, they would go immediately and speak with the person's relative. This practice was not in line with safeguarding guidance and best practice. Records confirmed care staff had attended the relevant training. However, management were unable to demonstrate how they checked staff's understanding in relation to safeguarding matters.
- A safeguarding policy was in place and a copy of this was given to new staff at the start of their employment. However, the service did not have a copy of the local authority's safeguarding policies to ensure they were working in line with local safeguarding arrangements for dealing with allegations of abuse or neglect.

We recommend the provider reviews their safeguarding systems to ensure staff's understanding of their responsibilities and to ensure safeguarding concerns are reported and managed appropriately.

- Since our last visit there had been no reported safeguarding incidents in the service.

Learning lessons when things go wrong.

- There were no reported accidents and incidents since our last visit. However, during our visit we noted an incident had happened but had not been documented on the relevant form, in line with the provider's procedures.
- The provider did not have systems in place to analyse incidents and accidents to ensure lessons could be learned to reduce the likelihood of an incident reoccurring.

Preventing and controlling infection

- People and relatives said staff wore aprons and gloves and practiced good hand washing. Comments included, "Yes, they (staff) wear a uniform, they're always smartly dressed", "They (staff) always change gloves in between tasks" and "Yes, they (staff) always wear gloves."
- This was confirmed by staff whose comments included, "Normally, I have two or three packs of gloves. I change them in between tasks. Aprons are worn when assisting with meals and personal care" and "We (staff) must wash our hands first, wear aprons, changes gloves in between tasks." Staff records showed they had attended relevant training in the prevention and control of infection.
- An infection control policy was in place and was accessible to all staff. We found appropriate arrangements were in place to ensure people were protected from infection.

# 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 remains the same. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

At our last visit on 28 January 2019 we found the provider did not follow national guidance and best practice on assessing people's needs.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9

- Assessments of people's needs were carried out before they joined the service however, the provider did not always ensure accurate information was captured to enable staff to provide people with effective care.
- For instance, a person had a medical condition which was not reflected within their care records. We saw the medical condition would eventually lead to a deterioration in the person's health and affect their behaviour but, no guidance was available for staff on how best to support them. We highlighted this to the nominated individual and was told this would be addressed. This meant we could not be assured the person would receive effective care.
- Assessments were not regularly reviewed to ensure people's care needs were being met and were still relevant. Some people said that they could not remember having a formal review of their care but if anything needed changing, they would tell their care worker.
- A person told us, "No, I've never had a meeting (to review care needs)." Comments from relatives included, "We do (have reviews of care meetings) but it's not often, maybe once a year" and "No (have meetings to review care), they (staff) did one last week, Friday or Saturday, we haven't had one before that, I think they (staff) did it as they (staff) knew you were inspecting."
- The registered manager showed us seven care plans that had been updated and told us reviews of care were undertaken every three months with the involvement of people and their relatives'. This was not supported by people we spoke with. The registered manager told us they did not keep a record of meetings held with people and their relatives. This meant the assessment, planning and delivery of care did not always include people and/or those acting on their behalf.
- Care records did not include all individual needs which related to the protected characteristics identified in the Equality Act 2010. For instance, care records captured people's preferred language, race, disabilities, religion, and culture but there was no considerations of people's gender, sexual orientation or marital status. Therefore, we could not be assured the provider was ensuring these needs were being met and people were protected from discrimination.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had appropriate support and training to ensure they were able to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18

- In order to address the concerns found at our last visit on 28 January 2019, the provider informed us all staff had completed the Care Certificate. 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.
- Training records confirmed staff had completed the Care Certificate however, the registered manager had not taken action to assess staffs' understanding of what they had learnt. The registered manager told us staff were given three months from July 2019 to complete the Care Certificate workbook. However, records showed staffs' competency was not assessed during this period.
- Staff gave positive feedback about the training received. However, through our discussions with them, we found instances where they were either not confident about certain topics that had been covered by the Care Certificate or they just could not remember what they had been taught. For example, when discussing their understanding of the Mental Capacity Act.
- People were not always supported by staff who had been appropriately trained to meet their individual needs. A staff member told us they were waiting for specialist training to effectively support a person they provided care to. The nominated individual told us they had made arrangements for the training but could not show us documentary evidence to support this.
- A person required staff to support them with changing their catheter bag, there were no records to show staff had received appropriate training to support the person. This meant people were not always supported by staff who were trained to meet their specific needs.
- We spoke with the registered manager to see how they were assured staffs' care practice considered people's protected characteristics under the Equality Act. The registered manager told us they had delivered equality and diversity training to all staff however, when we probed further they were unable to tell us what the protected characteristics were. This meant people could not be confident the provider would ensure their rights would always be protected.
- Most people and relatives felt staff were well trained and helped them effectively. However, a relative commented, "I feel confident they(staff) know what they're doing, the only thing I find challenging is some of the staff aren't as good at speaking fluent English". We followed this up with the nominated individual who told us one staff member independently enrolled themselves on to a college course to improve their English but confirmed there were no procedures in place to support staff with their English language skills. This meant people received care from staff who could not always effectively communicate with them.

Staff did not receive sufficient training and support to ensure they were able to meet people's needs effectively. This is a repeated breach of Regulations 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Staff records and discussions with staff showed they were inducted, received supervisions and appraisals.

## 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 the provider failed to ensure consent to care and support was obtained from the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11

- A person's care record showed who had legal powers to represent them but did not indicate what those powers were. The provider had not obtained any documentation from the person's relative to evidence they had legal authority to act on behalf of their family member.
- The person's mental capacity was not assessed to determine what specific decisions they were unable to make. Their care record only stated they were unable to make decisions. We spoke with the registered manager who stated they did not realise they were responsible for assessing people's ability to make specific decisions and acting on this to ensure people's rights were protected.
- Staff told us they had attended MCA training but were not able to demonstrate a good understanding of what the MCA was, this included the registered manager. The registered manager was not able to explain in what circumstances a mental capacity assessment would be undertaken. Some staff could not recollect what they had been taught. This meant we could not be assured people's rights would be protected as required in accordance with the law.

The provider had not made any improvements from our last inspection and failed to work in accordance with the MCA and its associated principles. This is a repeated breach of Regulations 11(Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Staff working with other agencies to provide consistent, effective, timely care

- We were not able to establish if the service worked effectively with other agencies to provide timely care for people. This was because the provider had archived records such as daily records which documented the delivery of care and any communication they had with health and social care professionals. There were no records provided to us upon our request, during and after our visit to support this.

## Supporting people to eat and drink enough to maintain a balanced diet

- Most people told us their relatives made their meals and drinks or they were able to do this for themselves. Those who were supported with meal preparation said they had ready meals available for care staff to heat up for them. A few people said staff took them shopping.

- Comments included, "They (staff) do microwave meals, they told me they aren't allowed to cook, they do get me shopping and get the fruit I like though." The person was disappointed staff were not allowed to cook for them.
- People's cultural and religious needs were identified in their nutrition and hydration assessment to ensure their preferences were met.
- Training records confirmed staff had attended relevant food safety training.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us how the service helped them to remain healthy. Comments included, "They (staff) remind (family member) to use a stick so they can walk by themselves and won't fall" and "They (staff) take my loved one to all their appointments such as the doctors and always keep us informed and involved."
- A relative told us, "They (staff) take my (family member) shopping and allow them to choose what they want but remind them if something is high in sugar, they should choose an alternative."
- It was noted there was not always information for staff about how to support people with health conditions. For example, in two care plans viewed there was no information about how to support people with managing diabetes by encouraging them to make healthy food choices.

# 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 has remained the same.

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

- The new electronic care records did not consistently provide staff with information about people's family history, needs and preferences which would enable staff to provide care that was person-centred.
- When discussing their preferences, a person told us, "I have trouble getting a shower, they (staff) give me a bed bath every day, but I like a shower at least once a week to wash my hair, I ask, and they say not today we're too busy." The person told us they had raised this concern with the office and it was resolved.
- People felt staff were caring and had a good knowledge of their care needs. Comments included, "Yes they are (caring), they (staff) do all the things I ask and suggest if they think I could do with help with something which is great" and "When I have a shave, they (staff) are very gentle, I never feel like they might catch the skin."
- People told us how staff showed them respect. Comments included, "They (staff) seem very willing to help, it's not too much trouble", "The way they (staff) speak to me and their body language is respectful and positive" and "They're very respectful, nice ladies who are polite."

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

- People and relatives said they were involved in decisions about their care. Comments included, "Things mostly stay the same but on a daily basis they (staff) involve me and ask what I need, if there's anything extra", "I was involved in a review they (staff) did a few weeks ago" and "I just ask them for whatever I need." A relative commented, "My (family member) is present at the meeting, and as involved as they can be." Staff spoke about the choices they gave people to get them involved. This covered areas such as what they wanted to wear or food they liked to eat.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt their dignity and privacy was maintained. Comments included, "They (staff) help my (family member) get a wash, but they let her wash herself", "They (staff) know I like to use the phone in private and they (staff) respect that" and "I get washed by myself in private in the bathroom, and they (staff) help with my shave and anything I ask for."
- People and relatives said their independence was promoted. Comments included, "They (staff) encourage (family member) to do as much as possible by themselves", "They (staff) help me with things I need but let me do as much as I can by myself" and "Yes, they're (staff) very good at letting me do things myself, I can keep living independently with their help." A relative told us, "They (staff) take my relative out, allowing them to get out and involved in things without me there." Staff said they only provided care and support in the areas where people required it.



## 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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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 the provider failed to ensure people received appropriate care which met their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9

- People did not always receive responsive care and support. For instance, a person's care plan stated they had dementia but there was no further information relating to how staff should support them. This was also found in the care records of a person who had diabetes.
- People felt their preferences for care were not always met as they were not given a choice of gender of the care staff who provided care and support to them. Comments included, "No we've never been offered a choice", "No we didn't get a choice" and "I was never asked, I don't want to have men helping me so when they sent men in the beginning I would say no, I don't want a male carer and they (staff) would say there isn't anyone else and I wouldn't get a carer that visit. They stopped sending men soon after."
- People said they had not been asked or could not recall being asked about their preferences and wishes for end of life care. Some people told us they were not at the point in their life where they would want to consider that yet. Comments included, "No I haven't been asked about that" and "We haven't needed to sort that out yet, my relative is at the beginning stages of his care needs."
- During a home visit, a person told us the provider had not spoken to them about this, but they were very clear about what their preferences were. We noted electronic care records did not consistently capture people's preferences for end of life care. We spoke with the nominated individual about this and they acknowledged our feedback and assured us this would be addressed.
- Staff spoke to us about their experience of supporting people who were at the end stages of life. However, training records showed staff had not received the relevant training.

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.

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.

- Electronic care records gave staff the opportunity to capture people's communication needs. However, 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.
- For instance, we viewed the electronic care plan of a person who was identified as profoundly deaf. Apart from recording the person had problems with hearing, it did not specify how profound it was and how staff should support them. Another person's electronic care plan stated they were legally blind but there was no further information about how staff should support them. Management did not demonstrate a good understanding of the AIS.

This was a continued breach of Regulation 9 Person-Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a complaints register but did not record any complaints received. The nominated individual explained they would immediately address people's concerns, which meant staff were not given the opportunity to record what the complaints were about and their outcomes.
- A complaints policy and procedures were in place, but information about how to make a complaint was not given to people who used the service. This was confirmed when talking to people during our home visits. We spoke with the nominated individual about this who said they would ensure everyone received information about how to make a complaint.

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.

# 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 remains the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The management team had taken no action to ensure they had up to date knowledge and the required skills to enable them to carry out their roles effectively. We found roles, responsibilities and accountability arrangements were not clear.
- Records relating to care and support such as care plans and risk assessments were not always accurate or up to date. Some records were missing, and others were generally not fit for purpose. Other records such as those relating to staff competency assessments and staff recruitment records were also incomplete.
- The provider failed to keep an accurate record of all decisions taken in relation to care and support and discussions held with people or those who lawfully acted on their behalf. Records which related to communications with health and social care professionals were either archived, not uploaded to the new electronic system or not documented at all. Therefore, we were not able to determine how the provider worked collaboratively with other agencies.
- The provider's call monitoring system was ineffective as the management team could not monitor in 'real-time' where staff were. There were no interim arrangements in place to address this whilst the provider awaited the installation of a new call monitoring system.
- After our last visit on 28 January 2019, we imposed a condition on the provider's registration to submit monthly reports showing what actions they had taken to address the concerns found during that visit. There was no managerial oversight to ensure the information in the monthly report was accurate. Our findings during this inspection confirmed the information sent to the Care Quality Commission (CQC) by the provider did not accurately reflect the current situation at the service. The provider failed to make the required improvements identified at our last inspection.
- The registered manager failed to carry out audits of MAR records and care plans. Where audits had been undertaken they had failed to pick up on the concerns we found such as, poor recruitment practices, for example.

There were no effective quality assurance systems in place to improve the quality of the service and to ensure the welfare and safety of people. This was a continued breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- 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. They had failed to operate a service that fully considered equality, diversity and people's human rights.
- There was no evidence to show people the duty of candour had been considered or applied when things went wrong.
- 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."
- The provider had sent 'service user satisfaction' surveys to people for the period of 1 May 2019 to 31 July 2019. They received 12 responses in return, but at the time of our visit these had not been analysed. Therefore, we were unable to see how the provider used feedback to drive improvements.

Continuous learning and improving care

- There was little or no evidence of the provider evaluating learning to improve care.
- The management team did not understand the principles of good governance to improve the quality of care and had failed to make sufficient improvement since our last inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not do everything practical to make sure people received person-centred care. People's preferences were not always considered and met. The design and delivery of care did not make sure it met peoples' needs. Assessments did not take account specific issues that are common in certain groups of people which could result in poor outcomes. The provider failed to keep a record of decisions made by people or those who acted on their behalf.</p> <p>Reg. 9 (1), (3) (a), (b), (d).</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Management and staff did not have a good understanding of the Mental Capacity Act. The provider continually failed to work in accordance with the MCA and its codes of practice.</p> <p>Reg. 11 (1).</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider did not operate effectively an accessible system for identifying, receiving, handling, and responding to complaints.</p>

Reg. 16 (1).

## Regulated activity

Personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have effective systems or processes to make sure they assessed and monitored the service.

The provider did not monitor progress against plans to improve the quality and safety of services.

Records relating to care and management of the service were incomplete, inaccurate and were not updated.

The provider did not do all that was reasonably practicable to mitigate risks. The provider did not have effective processes to minimise the likelihood of risks and to minimise the risks on people who used the service.

The provider did not ensure their audits and governance systems were effective.

Reg. 17 (1), (2), (a), (b), (c), (f).

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not have robust systems to make every effort to gather all information to confirm people were of good character.

The provider did not have appropriate processes to assess and check that staff had the skills and competence to undertake their role.

The provider did not have effective recruitment and selection procedures that complied with the requirements of this regulation.

Reg. 19 (1) (a), (b), (2).

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not sufficient numbers of suitably qualified, competent, skilled staff.  
Management did not ensure they had role-specific training.

Reg. 18 (1), (2) (a).