

Faisal Ismail

# Privilege Home Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an announced inspection of Privilege Care on 27 February 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the day of our inspection six people were living at the service.

At our previous inspection on 18 September 2015 we found that not all training was up to date and staff were not offered the opportunities through appraisal or supervision to identify and develop their knowledge and skills. This was a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found supervision and appraisal of staff had improved as had the majority of training. However staff had still not received training in Mental Capacity Act 2005.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were arrangements in place to keep people safe and to help safeguard people from the risk of abuse. Staff understood their responsibilities for safeguarding people from harm and followed the registered provider's policy and procedure. Potential risks associated with people, the environment and equipment had been identified and managed.

People's needs and choices continued to be assessed when they started using the service. People received care that was personalised to their needs. People were encouraged to raise concerns or complaints and were asked for feedback about the service they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were involved in their care. Care plans were personalised and reflected people's current needs and preferences. They contained the information staff needed to provide people with the care and support they wanted and required. Staff understood the importance of treating people with dignity and respect. People and relatives had developed positive relationships with care staff and management.

Staff were positive about the support and development opportunities they received. The registered provider had not ensured staff had all the skills and knowledge to meet people's needs as staff had not received training in the Mental Capacity Act 2005.

There were systems to monitor and improve the service, which included systems to gather people's feedback about the service. The registered manager carried out checks to monitor and improve the quality and safety of the service. However, the registered manager did not always take action to address issues and make improvements when needed. For example, despite training in Mental Capacity Act 2005 being highlighted at our inspection of September 2015 staff had still not received training in this area.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Requires Improvement ●

The service has deteriorated to requires improvement.

Staff had received training but not in the Mental Capacity Act 2005.

Healthcare professionals were involved in people's care when needed.

Staff had received supervision and good support from the registered manager.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Requires Improvement ●

The service has deteriorated to requires improvement.

People were supported by a registered manager who had not addressed improvements highlighted at our previous inspection.

People's records were suitably maintained.

People were given the opportunity to feedback on the service.

# Privilege Home Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 February 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we went to the provider's office and spoke with the registered manager and two care staff. We looked at six records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the visit to the provider's office we spoke with two relatives.

# Is the service safe?

## Our findings

People continued to receive a service that was safe.

People's relatives told us that they felt that their relatives were safe when receiving care and were always treated well by care staff. A person's relative told us, "I have full confidence that [person] is safe with staff."

Staff were knowledgeable about safeguarding adults from abuse. They told us about the action they would take to protect people if they suspected they had been harmed or were at risk of abuse. They knew that they needed to report any concerns to the registered manager and when appropriate to external agencies including the local authority safeguarding team. Staff training records showed that staff had received training in safeguarding people.

Recruitment procedures were thorough and ensured they had sufficient evidence of the applicant's suitability before staff were confirmed in post. There was a low staff turnover and this meant people had a consistent service from staff they knew and trusted.

Risks to people's safety were assessed before, and whilst receiving care from the service. These included risks of people falling, and risks associated with bathing. Where risks had been identified actions were in place to manage and minimise them. People's bathing risk assessments included information about care staff checking the water was within a safe temperature range. Care staff we spoke with were aware of people's risk assessments and the guidance that they needed to follow to protect people from harm. Risk assessments of people's home environment were carried out so any health and safety risks were identified and addressed to keep people and staff safe.

People managed their own medicines where possible or had support from family members although staff had received training on safe administration of medicines.

There were enough staff employed by the service to ensure people were safe and received their agreed visits. Staffing levels were determined by the total number of hours provided to people using the service. The registered manager recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff had regular visits in specific geographical areas. This meant there was a continuity of care provided.

Records showed us that staff had completed training on infection control. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. 'Spot checks' carried out by the registered manager of care staff providing people's care included checks that their practice minimised the risk of infection.

Systems were in place for the recording of accidents and incidents.

# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the rating remains 'requires improvement'.

We previously identified that staff had not received the training they were expected to have completed to ensure they knew about the safest and latest best practices in connection with people's care.

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.

We previously found staff had not undergone training in the Mental Capacity Act 2005 and were therefore not able to tell us how they could support a person who lacked capacity by making decisions in their best interest. The registered provider and staff could not therefore be certain people's human rights were protected as staff did not have the knowledge around the process to ensure that decisions were always made in their best interests. At this inspection we found that staff still had not received training in the Mental Capacity Act 2005.

This is a continued breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

With the exception of Mental Capacity Act 2005, records showed that staff received relevant core training at the start of employment and received 'refresher' training at intervals during the course of employment. This included topics such as first aid, infection control, health and safety and safeguarding.

Before people began using the service they were involved and consulted in an assessment of their needs. If the person needed support in the assessment process their families, friends and professionals were involved and consulted. The information gathered was used to draw up a care plan setting out their needs. Care plans covered a wide range of health and personal care needs, and social needs, and they were well laid out, detailed and easy to read. This meant people could be confident their care plan provided staff with sufficient information about their health and personal care needs and how they wanted to be supported.

Staff were provided with the support that they needed during on-going supervision and through one-to-one supervision meetings with the registered manager. A care worker told us that supervision meetings were planned but also flexible. They informed us that they could ask for a supervision meeting with the registered manager at any time and they would promptly arrange it. Staff records showed that staff were provided with an annual appraisal to discuss their progress, areas for development and their goals for the following year.

People's nutritional needs and preferences, and any assistance people needed with meals were recorded in

their care plan. A person's care plan included information about offering the person drinks. People's nutrition was adequately monitored.

Daily notes recorded the times and duration of people's visits. Relatives told us people had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.



# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Staff treated people respectfully and asked people how they wanted their care and support to be provided. Family members told us they were confident their relative received consistent care and support which did not discriminate against them in any way. Positive comments we received included, "We are really happy with the care provided, it's fantastic", and, "It is a very good service with good people."

We found staff had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for a number of years. Staff were motivated and clearly passionate about making a difference to people's lives. Comments from staff included, "I am very happy working here" and, "It's a wonderful job."

People received care, as much as possible, from the same care worker or team of care workers. Relatives told us they were very happy with all of the staff and people got on well with them. New staff were introduced to people before they started to work with them. Management and regular staff covered for any sickness and absences and knew everyone who used the service. This meant people always received care from staff they had previously met.

People's care plans included information about their preferences, choices and background. This helped staff to provide people with the care and support that they required in a consistent way. A care worker told us they had got to know about a person's preferences by talking with them and listening to them and family members.

A relative told us that their family member's choices were respected by staff and they were provided with appropriate emotional support. The person's care plan included detailed guidance about the emotional support that the person needed.

People's independence was encouraged and supported. Care workers and management spoke about the importance of encouraging and supporting people's independence. The registered manager provided us with examples of people who had received the support they needed to enable them to carry out tasks and pastimes. The registered manager told us that due to the support that one person had received from staff they were able to determine which mosque they attended and chose how they got there. This had helped develop the person's confidence and independence.

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the rating is 'good.'

Before the provider agreed to provide a service they met with the person and their family and representatives to assess the person's needs. People were involved and consulted in drawing up a plan of their support needs. The support plans were easy to read and contained sufficient information on each person's daily routines and how they wanted to be supported. A member of staff told us they felt the care plans were detailed saying, "It gives the reader a good amount of information."

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. Each care plan included details of the person's background, life history, likes and interests as well as information about their medical history. This information helped staff to understand how people's and provided useful tips for staff on topics of conversation the person might enjoy. People and their relatives had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements.

People's specific communication needs were identified in care records and included how their communication needs were met. The registered manager told us that the service aimed to ensure that people for who English was not their first language received care from staff that spoke the person's birth language. A person's relative confirmed this. They told us that the person benefitted significantly from being cared for by a care worker that spoke the same language.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation.

Relatives told us that they would be confident to raise any concerns or complaints and that they would be listened to. The service had not received any formal complaints in the 12 months prior to our inspection, but there was a policy in place which people had in their homes. This included contact numbers for external organisations including CQC and the Ombudsmen. People told us that they would go contact the registered manager if they had any concerns.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement'.

There was a registered manager in post who had the overall responsibility for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People, relatives and staff told us that the management of the service were approachable and helpful. A relative told us the registered manager was, "Very good." There was a positive culture within the staff team and staff spoke passionately about their work. A staff member said of the registered manager, "They are very supportive, kind and accessible." Another told us, "They are always there if I need them for anything." The registered manager told us that they ensured that they were available and approachable for people and staff, and that they encouraged everyone to speak with them if they needed to. They explained, "It is important that I am available for everyone involved with the service."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. One worker told us how the registered manager had happily accommodated a request to change their working hours when needed.

The service was aware of the importance of partnership working and understood when to seek advice or guidance from external bodies including the local safeguarding team. The registered manager had sought advice from CQC when required and was aware of their responsibilities to submit notifications to CQC.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. We found that audits were undertaken as part of the quality assurance and quality improvement process, covering a range of aspects to do with the service. These included; spot checks of staff competency, staff supervisions and appraisals, late calls, complaints and safeguarding issues. However, the registered provider had failed to address the concerns identified at our previous inspection in regard to staff training in Mental Capacity Act 2005.

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	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not have up to date training in the Mental Capacity Act 2005.