

Privilege Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Privilege Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to people living with dementia; older adults; younger adults; people with physical disabilities and sensory impairment. The service was providing a regulated activity to 17 adults who were using the service at the time of our visit.

The service has a registered manager. 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.

This is the first inspection under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively about the caring nature of staff. A person commented, "They (staff) know I have problems with my shoulders and provide care in a gentle way. They always say what they're going to do and ask me if I am okay."

People and their relatives said staff treated them with respect and dignity. Personal information was kept securely and password protected in the office.

People and their relatives felt safe when receiving care and support from staff. Staff were aware of their responsibilities to protect people from abuse and had attended the relevant training. However; staff did not have access to Local Authorities specific procedures for reporting and managing safeguarding matters. We have made a recommendation for the service to seek current guidance and best practice to make sure national and local safeguarding arrangements are reflected in their safeguarding policy and procedures.

Staff were aware of people's risks but there were no measures to reduce or remove the risks within a timescale that reflected the level of risks and impact on people. Safe recruitment practices were not always in place. We have made a recommendation for the service to seek current guidance in relation to staffing provision in the event of unforeseen circumstances.

Medicines were administered safely. However; the service had not made sure met staff met the acceptable levels of competence to support people with medicines. We have made a recommendation for the service to seek current guidance and best practice on conducting medicine competency assessments. People were kept safe from infection.

People felt they were supported to have maximum choice and control of their lives. However; there were no records to demonstrate staff had supported them in the least restrictive way possible. We have made a recommendation for the service to seek current guidance and best practice on maintaining documents in line with the MCA requirements and the registered manager to attend a MCA course specific to their job role.

People and their relatives felt the care delivered was responsive and met their specific needs. We found assessment of peoples' needs were not consistently undertaken by the service. We have made a recommendation for the service to seek current guidance and best practice on how to carry out assessment of peoples' needs. Staff were not appropriately inducted; trained and supervised. Staff worked within the principles of the Equality Act 2010 to make sure their work practice did not discriminate against people. People and their relatives felt their nutritional and health needs were met.

The registered manager was not aware of their legal duty under the Accessible Information Standard, to make sure people with a disability or sensory loss can access and understand information they are given. We have made a recommendation for the service to seek current guidance and best practice in order to be compliant with the Accessible Information Standard. This meant the service did not implement the systems they had in place when complaints were received.

People and their relatives felt the service was well-led and staff spoke about the supportive work culture.

Although the registered manager was actively involved in providing hands on care to people, this affected the operation of the service. This was because systems in place to assess; monitor and improve the quality and safety of the services provided were ineffective. The service did not always notify us of certain incidents which had occurred during, or as a result of, the provision of care and support to people.

There were no records of to show how the service responded to feedback received and how information sought was used to drive improvements to the quality and safety of the services provided. We have made a recommendation for the service to seek current guidance and best practice on how to evaluate the service provided.

We found breaches of regulations as a result of this inspection. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

Staff did not have access to Local Authorities' specific procedures for reporting and managing safeguarding matters. There were no measures to reduce or remove the risks within a timescale that reflected the level of risks and impact on people.

Safe recruitment practices were not always in place and more staff were required to cater for unexpected events such as staff sickness. Appropriate checks were not carried out to make sure staff met the acceptable levels of competence to support people with their medicines.

People and their relatives said they were safe from abuse and staff were aware of their responsibilities to protect them from abuse. People were kept safe from infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Assessments of people's needs were not consistently undertaken. Staff were not appropriately inducted; trained and supervised.

Staff worked within the principles of the Equality Act 2010 to make sure their work practice did not discriminate against people.

People felt their nutritional and health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives spoke positively about the caring nature of staff and said their dignity and privacy was respected and promoted.

Personal information was kept securely.

Good ●

Is the service responsive?

The service was responsive.

The service was not compliant with the Accessible Information Standard.

The service did not implement the systems they had in place when complaints were received. Where reviews of care were undertaken these were not recorded.

People said the care and support given was specific to their needs.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Although the registered manager provided hands on care to people, there was no continual managerial oversight of the running of the service.

People and their relatives felt the service was well-led and staff spoke about the supportive work culture.

Requires Improvement ●

Privilege Care Limited

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 checked whether the 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 was an announced inspection which was carried out by an adult social care inspector and took place on 19, 22 and 23 January 2018. The provider was given 24 hours' notice that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before our inspections we usually ask the provider to send us 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 did not ask the provider to complete a PIR prior to this inspection.

We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During our inspection, we spoke with one person and their relative whilst carrying out a home visit and interviewed two people by telephone. We spoke with two care workers and the registered manager. We reviewed one care record; three staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us about risks to their health and welfare. For instance one person commented, "I have a pressure sore and they (staff) are fully aware of how that is being managed by the district nurse."

Staff we spoke with were aware of what tasks people were unable to perform and what action they had to take to make sure people were appropriately supported. For instance a staff member when discussing what actions they had taken to manage risks appropriately commented, "[Name of person who used the service] cannot walk properly. We always double up (have two staff members present) to help them sit on the commode and assist them when they are walking so they do not fall." This was confirmed by our discussions with the person and their family member. However we found no completed risk assessments with plans to show how the risks should be minimised. We asked to look at the care records for two other people we had spoken with. The registered manager informed us they had not completed their own assessment of risks on two people and explained they had relied upon the risk assessment contained in the local authority's referral. This meant where risks were identified, the service had not introduced measures to reduce or remove the risks within a timescale that reflected the level of risks and impact on people who used the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment procedures were not always in place. This was because job application forms were either not completed; partially completed; and relevant checks were not completed promptly. For instance, although a staff member had been employed by the service for approximately nine months, their disclosure barring service check (this helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups) had only recently been processed. Appropriate references were not always sought. Satisfactory information about physical or mental health conditions for potential staff were not obtained. This meant the service did not always make sure people were supported by staff with the appropriate experience and character.

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

People and their relatives said they had regular care workers and gave their views about staffing levels. Comments received included, "I think they are little short staffed" and "I don't believe they have enough staff because the manager also comes out to provide care. There's an issue with time keeping sometimes because care workers do not live in this area. Sometimes they have asked for my husband to become the second carer on more than three occasions." A relative felt there was sufficient staff due to the regularity of care workers. Staff said they were presently coping with the workload but felt more staff were required. Comments included, "If another client comes on board we will need more staff" and "We're coping fine but two more staff are needed so it will be easy on us."

During our visit, we found there were enough staff to provide care and support to people (this was with the assistance of the registered manager who was also actively involved in the provision of care). However, there was no staffing provision made to cater for annual leave or unexpected events such as staff sickness. This meant if one or two staff members had to take planned or unexpected leave; people would not receive the care and support required.

We recommend the service seek current guidance in relation to staffing provision in the event of unforeseen circumstances.

People who received support with their medicines felt this was carried out in a timely and safe manner. Staff were aware of how to prompt; administer and complete medicine administration records (MAR). A view of a MAR record showed it was completed appropriately. Training records confirmed staff had attended the relevant training. However; medicine competency assessments that enabled staff to demonstrate they had met the acceptable levels of competence to support people with medicines, were not completed.

We recommend that the service seeks current guidance and best practice on conducting medicine competency assessments.

The service had a safeguarding adults policy which outlined the procedures staff should follow when alleged abuse had happened. This policy was generic and did not contain the contact details for the relevant local safeguarding teams. Staff also did not have access to the Local Authorities' specific procedures for reporting and managing safeguarding matters. This meant the service did not make sure staff were kept up to date about changes to local and national safeguarding arrangements.

We recommend the service seek current guidance and best practice to make sure national and local safeguarding arrangements are reflected in their safeguarding policy and procedures.

People and their relatives felt safe with the care and support provided by staff. A person commented, "I do feel safe." A relative commented, "I am around most of the time and have not observed or heard anything that would be a cause for concern."

People benefitted from a safe service where staff understood their safeguarding responsibilities. Staff were aware of what procedures to follow if they suspected abuse had happened. Staff told us they would report any incidents to the registered manager and they felt confident to report poor work practices. For instance a staff member commented, "I would report poor work practices to my manager but if my concerns were about the manager I would contact the CQC." A view of staff training records confirmed they had completed the relevant training.

People and their relatives said they felt safe with staff due their hygienic work practice. They told us staff wore the appropriate personal protection equipment (PPE) such as aprons and gloves. This was supported by staff who gave us examples of how they made sure people were protected against the risk of infection. For example a staff member commented, "I wash my hands and put my gloves on. I change my gloves when carrying out personal care and when supporting people with their meals."

Is the service effective?

Our findings

Assessments of people's needs were not consistently undertaken by the service to make sure care delivered was effective and achieved good outcomes for people. This was because the service had used the information received by a local authority as a basis to provide care and support to two people who had recently joined the service. The registered manager confirmed they had not conducted their own assessment of needs in line with current legislation and best practice to make sure the information received by the local authority was still relevant.

We recommend the service seek current guidance and best practice on how to carry out assessments of peoples' needs.

People received care and support from staff who were not appropriately inducted; trained and supported. Staff told us their induction comprised of the completion of e-learning and shadowing experienced staff. We found no formal records that showed inductions had been undertaken in all of the staff files viewed. The registered manager acknowledged there was no written records to confirm the induction program staff had completed. In regards to staff training the registered manager stated staff were required to complete the Care Certificate Standards by e-learning. The Care Certificate makes sure people joining the health and social care sector receive appropriate training; support and workplace assessment before they start to deliver care without supervision of more experienced staff. Although we saw certificates of completion for the standards that must be completed to obtain the Care Certificate; the service did not undertake workplace assessments to make sure staff were competent in all of the standards.

Staff felt supported by the registered manager however; there were no records to show whether staff had received on-going supervision to make sure they were competent for their job roles.

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

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 Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty. At the time of our visit, the service had no one whose liberty was legally restricted.

People said staff supported them to make decisions and asked for their permission before carrying out care. This was confirmed by the staff we spoke with. A staff member commented, "I never carry out care without

their (people who use the service) agreement" and "I encourage people to make their own decisions and give them choices. I have attended MCA training." However; there was no documentary evidence to show whether people or those who legally represented them had given consent to various aspects of care. This included amongst others, the service carrying out needs assessment; consent for care to be delivered; staff access to key safes and consent for peoples' personal details to be shared with relevant agencies. Where people lacked capacity to make specific decisions; the registered manager did not have a good understanding of what procedures to follow. This meant there was a potential for people who lacked capacity to make specific decisions to receive care that was not in accordance with the MCA and its codes of practice.

We recommend the service seek current guidance and best practice on maintaining documents in line with the MCA requirements and the registered manager to attend a MCA course specific to their job role.

Staff told us how they would not discriminate against the people they cared for and worked within the principles of the Equality Act 2010. For instance a staff member commented, "Some of our clients do not want to talk about religion so I don't bring this topic up." Another staff commented, "I try and provide care in the way I would like to be treated."

People and their relatives felt most of the staff were skilled and experienced to care for them. For instance a person commented, "I have to be hoisted (lifted). I think they (staff) have all been trained on how to use the hoist."

People received support with their meals from staff who respected their choices. For instance a staff member when describing how they supported a person stated, "[Name of person] has a list of what they want to eat for lunch. Their food is already prepared, all I have to do is heat it up." We spoke with the person's family member who confirmed they were happy with how staff supported the person with their meals. We looked at the person's care record however; this did not detail what the person's food preferences or dietary needs were.

People told us how their day to day health and well-being needs were met. For instance a person commented, "I have a pressure sore and they (staff) are fully aware of how that is being managed by the district nurse." This was supported by a staff member who commented, "Sometimes the district nurse will give us advice on the care we have to deliver."

Is the service caring?

Our findings

People and their relatives told us the registered manager used the opportunity when delivering their care; to get their views about the caring nature of staff. However; there were no records documenting the discussions held and any actions taken in response to the feedback received.

Staff said they would not disclose confidential information to people and were aware of their responsibilities in this respect. We found personal information was kept securely and password protected in the office.

People and their relatives spoke positively about the caring nature of staff. Comments included, "They (staff) are very caring and always ask [Name of person] how she is, and provide humour and chat with her" and "They (staff) know I have problems with my shoulders and provide care in a gentle way. They always say what they're going to do and ask me if I am okay." Staff gave examples of how they supported people in a caring way. For instance a staff member commented, "I try and make a conversation so they feel comfortable talking to me."

A staff member told us the challenges experienced when providing care to a person where English was not their first language. The person was reluctant to engage every time they tried to provide care. The staff member met with the person's family member and was able to establish and create some flash cards with short phrases in the person's language. This enabled them to communicate more effectively with the person and as a result of this the person was more co-operative when care was being delivered.

People and their relatives said staff treated them with respect and dignity. A person commented, "They (staff) are very good and above all they are very respectful."

People told us staff made them feel comfortable when carrying out personal care. This was supported by our discussions with staff who told us they would make sure doors were shut and windows were closed when they carried out personal care. These showed peoples' privacy and dignity were respected and promoted.

People felt staff had a good understanding of their care needs. This was confirmed by what staff had told us and our discussions with the people they provided care and support to. Daily records of the care and support delivered were kept in a folder in people's homes. We viewed the daily records for one person which showed the care staff delivered. We found these were kept up to date.

Is the service responsive?

Our findings

The service did not do everything reasonably practical to make sure people who used the service received person-centred care. This was because there were no plans of care for two people and therefore we were unable to see what their care needs and preferences were. A person commented, "I don't have a care plan. No one can come in here (their home) and see what my care needs are." Another person commented, "I have no care plan at the moment however, I do have care plans from previous care agencies." This was confirmed from our discussions with the registered manager. This meant the service did not make sure people always received personalised care that was appropriate; met their needs and reflected their personal preferences.

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

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. At the time of our visit the registered manager was not aware of the Accessible Information Standard. We were not able to see how people with disabilities or sensory impairments were supported because they either did not have a plan of care or information in the care record did not clearly detail how staff should support them.

We recommend the service seek current guidance and best practice in order to be compliant with the Accessible Information Standard.

People told us they would report any concerns to the registered manager. Comments included, "We haven't had to complain but if we did, my brother would deal with it" and "I have the manager's phone number but I have nothing in writing to tell me what process I should follow."

We found information and guidance about how to complain was not available and accessible to people who used the service.

The service had a complaint policy and procedure. Apart from explaining how complaints would be dealt with, the policy also detailed how complaints received should be logged and investigated. The service had received complaints however; the registered manager confirmed they did not have a complaint register in place. Therefore we could not see if complaints were responded to appropriately and to people's satisfaction. This meant the service did not implement the systems they had in place when complaints were received.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us the service had carried out a review of their family member's care and support needs. We

found no documentary records that supported what the relative had told us. We spoke with the registered manager who informed us they had reviewed the person's care and re-written the whole of the person's care plan; this included their assessment of needs. However; it was not clear what changes had been made and whether the changes made reflected what the person said they wanted. We noted the person's previous care record had not been fully completed. This meant people could not be confident the service could respond appropriately to their changing needs.

People and their relatives felt the care and support delivered met their individual needs. A person commented, "Yes, the care meets my needs. They (staff) call me by my first name, that's what I have asked to be called."

Where assessments of people's care and support needs were undertaken this documented amongst others people's likes and dislikes; living arrangements; religious and cultural preferences; medical histories and communication needs. People who had gender specific requirements told us these were met. For instance a person commented, "I do not like having male carers for personal care. They (staff) do everything they can to avoid this."

People and their relatives felt the service was responsive. This was based upon care workers carrying care and support according to their preferences. A person commented, "Everything I have queried they (staff) have responded to."

During this our visit the registered manager told us the service did not provide care and support to people who were at the end stages of life.

Is the service well-led?

Our findings

The service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Audits of daily communication records and MAR charts were not undertaken. Records relating to the care and support of people were ineffective. This was because the service did not consistently carry out their own assessment of people's needs and develop plans of care when they took on care packages. Where care records were in place these did not consistently record all decisions taken in relation to care and discussions held with people or those who represented them. We found no documented records of reviews of care; staff inductions and supervisions even though people and staff told us these had happened. This meant the service failed to maintain complete; accurate and fit for purpose records for people and the staff who cared for them.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. We looked at accidents and incidents records. All of the incidents were responded to appropriately however; in a particular incident where a person had sustained a serious injury; the relevant statutory notification had not been sent to us. This meant people could not be confident appropriate action would always be taken by the service when incidents that affect happen.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation 2009.

The service had a registered manager however; most of their time was spent providing hands on care. This meant there was no continual managerial oversight on the day to day running of the service. A staff member commented, "He (registered manager) should employ more staff to do office work because he can't do everything." We found some policies and procedures were not kept up to date to reflect current changes in legislation and best practice; staff training needs were not met as practical training that was required for certain care tasks such as moving and handling, had not happened for all staff. The registered manager acknowledged that there was a need for more staff and informed us they had just recently recruited two new staff members. They spoke about the challenges they were facing trying to find an appropriate training venue for staff and discussed the actions they intended to take to address this.

People and their relatives felt the service constantly sought their views the quality of care and said this was undertaken during the delivery of care. However; there were no records of how the service responded to feedback received and how it was used to drive improvements to the quality and safety of the services provided.

We recommend the service seek current guidance and best practice on how to evaluate the service provided.

People and their relative gave varying views on the service. Most of them felt the service was managed well and based this upon the regular contact they had with the registered manager; who provided care and support to them. Comments received included, "Yes (believed the service was well-led). I have no problems with them. The manager seems to try and do what he can and visits regularly" and "Most of the carers are good." Whilst another person commented, "I think it's a typical service that is managed without resources (adequate staffing)." The person required two care workers to provide their care and support but stated there were a number of occasions when one of the care workers arrived late. As a result of this their family member had to step in to support the second care worker. This meant people did not always get the level of care and support they required.

Staff felt the work culture was supportive and spoke positively about the support received from the registered manager. Comments included, "I feel supported and know I can speak to my manager about any concerns" and "If I have any problems he always responds." Staff said because they regularly worked with the registered manager they were kept up to date on relevant matters. We saw no records of discussions with staff relating to quality assurance matters.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to notify the Commission without delay when incidents that affected the health, safety and welfare of people that used the service, happened.</p> <p>Regulations 18 (2).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not make sure people always received personalised care that was appropriate; met their needs and reflected their personal preferences. This was because some people did not have plans of care when they joined the service.</p> <p>Regulations 9 (1), (3) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were no systems and processes in place, such as regular audits of the service provided. The provider failed to assess; monitor and improve the quality of the service provided.</p> <p>where risks were identified, the service had not introduced measures to reduce or remove the</p>

risks within a timescale that reflected the level of risks and impact on people who used the service.

Records relating to the care and the management of the service were not fit for purpose.

Regulations 17 (2) (a), (b), (c).

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>job application forms were either not completed; partially completed; and relevant checks were not completed promptly. Appropriate references were not always sought. Satisfactory information about physical or mental health conditions for potential staff were not obtained. This meant the service did not always make sure people were supported by staff with the appropriate experience and character.</p> <p>Regulations 19 (2).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People received care and support from staff who were not appropriately inducted; trained and supported.</p> <p>Regulations 18 (1).</p>