Care Quality Commission

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Privilege Home Care

Inspection report

Community Care Centre
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Tel: 01924 452419

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

The inspection took place on 18 September 2015 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies. The service had previously been inspected on 07 November 2013 and met all the statutory requirements.

The service was first registered in in 2010 and provides care and support to people in their own home. On the day of our inspection five people were receiving support.

There is no requirement for this service to have a registered manager as the registered provider manages the service on a day to day basis.

Staff had received training in safeguarding vulnerable adults and all the staff we spoke with were able to describe what actions they would take if they suspected abuse to ensure the people they supported were safe from harm.

Staff had not received training in the Mental Capacity Act 2005 and therefore could not evidence they were acting in line with legislation. Not all training was up to date and staff were not offered the opportunities through appraisal

Summary of findings

or supervision to identify and develop their knowledge and skills. And although staff told us they were happy with this situation this demonstrated a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Spot checks and supervision of the current practice of staff was undertaken regularly to ensure staff were practising safely.

Staff were knowledgeable about people's needs and told us they always aimed to provide personal, individual care to people. Staff told us how people preferred to be cared for and demonstrated they understood the needs and preferences of the person they cared for.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and the care package amended to meet their changing needs. Care was personalised and tailored around the needs of the people who used the service.

The feedback we received from people who used the service and their relatives was excellent.

They expressed great satisfaction with the service and spoke very highly of the registered provider and staff.

You can see what actions we asked the registered provider to take at the end of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff understood their responsibilities around protecting people from abuse and they knew how to report it if they suspected it was occurring.

The service had an effective recruitment procedure to ensure suitably qualified and experienced staff were employed.

The service had general risk assessments in place to manage the risks to their staff and people who used the service.

Is the service effective?

Requires improvement

The service was not always effective

Staff had received an induction and were able to shadow other staff until they felt confident in their roles.

Staff had not received training in the Mental Capacity Act which meant they did not understand the implications of supporting a person who might lack capacity.

Not all training was up to date and supervision focussed on ensuring the staff member was following the support plan and not on the future development of the member of staff.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives were positive about the way care and support was provided.

Staff respected people's privacy and dignity and were respectful of the cultural requirements of the people they supported.

Staff involved people in the care they were providing and promoted independence where this was appropriate.

Is the service responsive?

Good

The service was responsive.

Care was provided in a person centred way and people who used the service and their relatives who acted on their behalf felt in control of the assessment, care planning and review process.

People were supported to live fulfilled lives in the community of their choice.

People knew how to complain and there was a system in place for dealing with complaints.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered provider was visible in the service and staff told us was always available to support staff when required.

The registered provider monitored the quality of the service provided but had not yet audited the service against the new fundamental standards.

The culture of the organisation was good and the staff and the people who used the service and their relatives were happy with the management and the way the service operated.

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 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 18 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in providing this type of service to people living with a learning disability.

The registered provided had been asked to complete 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 used a number of different methods to help us understand the experiences of people who used the service. Five questionnaires were sent out to people who used the service and five responses were received and analysed. We talked to all the people using the service, or the relatives who acted on their behalf. We spoke with five members of staff and the registered provider.

We also reviewed the records of four of the people using the service and records relating to the running of the service. We spoke with the district nursing service and the community learning disability team and made contact with the local authority contracts team who told us they did not monitor this service as all the people who used the service commissioned this through a direct payment.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. One person said 'Ah, yes, I feel safe. If I wasn't safe, I wouldn't be with them. What I want, need, it's all done. It's a group of three or four or five of the same people. In an emergency, I get different people. They're all okay. I know them". A relative of a person who used the service stressed to us how safe they felt the service was. They told us "We can go out, and carers will be with [relative] and we have trust in them. All these years, nothing bad has happened. We see things on television where care staff steal money or treat people badly, but we've never seen that'. Another relative said "Yes, we think [relative] is safe when [relative] goes out with the carers. The reason I think [relative] is safe is that [relative] is happy when [relative] goes and happy when [relative] comes back."

Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep people safe. They were able to describe the type and signs of abuse they might find in a community setting. For example, one person told us that although they had never witnessed this, they would look out for "Bruises, marks on the body, if the person was quiet or depressed and not happy". All the staff could explain what they would do if they suspected abuse was happening.

Staff were able to discuss risks individual people faced and speak confidently about how they maintained people's safety. One care worker told us how they checked the hoist sling before using it to make sure it was safe to use. Support plans were written in detail, which when followed would reduce the risks to the people supported and the care staff. There were limited specific individual risk assessments around the use of the equipment in people's homes, as risk reduction had been incorporated into people's daily routine support plans. Although risks were well managed, we discussed the use of more specific risk assessment and reduction plans with the registered manager to ensure families, the care staff and the people who used the service adopted safe custom and practice in their routines.

All the staff we spoke with told us they had a procedure to follow in the case of emergencies, and the people they supported had family members present the majority of the time they were in the person's home to provide the required support which gave additional assurance for staff in case of emergencies.

The registered provider had a system in place to record staff arrival and departure times and they monitored staff attendance and timekeeping. They told us the minimum call time was one hour and they would not consider providing a service with less time than this. The staff we spoke with all told us they had the right amount of time to spend with people to ensure they could undertake the required support to the people who used the service. They told us there were enough staff to ensure calls were never missed and staff sickness was covered within the existing support team for that person.

We asked the people who used the service about late or missed calls. One person said "Calls aren't missed or late, no, but they can be late by about ten minutes. If carers are sick or on holiday, people cover. They tell me beforehand, and if there's anybody different, they have training for a couple of weeks before going on holiday, to be sure they know what they're doing. I can tell them too and help, but they follow the usual carers so they understand and practice."

We asked the manager how they ensured they recruited the staff with the right knowledge, skills and behaviours to meet the requirements of the people they supported. They told us they followed a formal process to recruit the care worker, but as staff were employed specifically to work with individual people who used the service, the person or their family undertook a second interview to ensure the member of staff met their preferences and requirements and were compatible with the person who would be using the service.

We looked at three staff files which evidenced safe recruitment procedures had been followed and records of pre-employment requirements were completed before new staff were appointed. Staff files contained initial application forms that showed the person's previous employment history, together with two employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. Before they started work for the service. The DBS has replaced the

Good

Is the service safe?

Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

We saw evidence in people's care plans that medicines were administered by family members. This included the ordering, storage and counting out of medicines. Some of the care staff we spoke with told us they prompted people to take medicines that had been dispensed by family members. This was confirmed by some relatives we spoke with. Staff recorded they had done this in the daily logs but there were no Medicine Administration Sheets for the registered provider to check as these were maintained by the family members. We discussed this with the registered provider as the staff were assuming some of the responsibility for administering medicines, in which case all checks and balances needed to be put in place to ensure all risks are well managed.

Requires improvement

Is the service effective?

Our findings

The registered provider told us the care staff had the knowledge and skills to provide a good quality service. They told us they had recently recruited new staff to work in the service. We looked at three staff files which contained evidence they had received an induction. The registered provider told us they were not using the Care Certificate. Instead they had their own induction plan and used an external company for the training element. We saw new staff had received an induction and training which included modules on moving and handling, safeguarding, first aid, risk assessment, infection control, health and safety training, medication administration training and infection control. We were told staff undertook an exam after each unit which was marked by the external company.

We asked staff whether they had received training on the Mental Capacity Act 2005. None of the staff had undergone this training and were therefore not able to tell us how they could support a person who lacked capacity by making decisions in their best interest. It was clear from our discussions with staff that out of the five people supported only two people may have lacked the capacity to make some of their own decisions. However, for these two people, the registered provider could not be certain their human rights had always been protected as staff did not have the knowledge around the process to ensure that decisions were always made in their best interests.

The registered provider told us staff had received medication training but this was two years ago for some staff. They told us the training was based on prompting medication and all medication was either self-administered or administered by the family. Staff were also assisting a person to maintain nutrition via a percutaneous endoscopic gastrostomy (PEG) under the supervision of the relative. Some of the staff had received training from the representative of the company supplying this, and we saw one certificate to evidence this training in one staff personnel file There was no evidence of on-going competency checks or who would be qualified to do these. The relative of the person with a PEG told us also told us "The nurse every so often watches carers clean the peg, and they know what to do." They also told us how competent the staff were at managing the PEG.

We reviewed the care files for those people who had a PEG and could see the staff were recording exactly what they had done. However, we found a lack of evidence of training for all staff on this process and recording of on-going competency checks. This was not in line with good practice guidelines and the registered provider needs to assure themselves that staff competencies are updated and recorded

All the staff we spoke with told us they had received moving and handling training and they were competent to assist people to move safely. They told us they had received an update to their training, although the training records we reviewed indicated some staff were due an update imminently. The registered provider told us they provided both the moving and handling training and the updates. The registered provider had been on several train the trainer courses, but we saw evidence, they had not refreshed their training and it was out of date. They told us this was because they did not take on any new people to support and the existing people had stable moving and handling needs. The local authority was responsible for assessing and providing moving and handling equipment. It is essential for a moving and handling train the trainer to undertake refresher training to keep abreast of developments in the field and maintain good practice.

Supervisions were completed every six months by the registered provider following observations made during care provision at people's homes. The registered provider completed spot checks on staff every two weeks and recorded these observations. They told us this involved observing staff following the support plan for the individual they supported. Staff told us sometimes these checks were announced and sometimes they were unannounced. The registered provider told us supervision happened in the home of the person they supported and we saw documentation that staff had received supervision. It did not however focus on future development needs for staff. All the staff we spoke with expressed how happy they were in their roles at the level they were working. Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care. Staff require supervision to be supported to develop in their roles and that any gaps in knowledge and skills can be identified through this process to ensure safe care delivery.

The above examples of out of date training, and the lack of professional development of staff demonstrated a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Requires improvement

Is the service effective?

We asked staff how they obtained consent from people before undertaking personal care. One care worker told us they always asked the person they supported before undertaking any task. For example, they said when supporting a person to dress “I would ask, Can I put your sock on?” This demonstrated before people received any care or treatment the practice was for staff to ask for their consent and the provider acted in accordance with their wishes.

Staff, the people who used the service and their relatives told us people were supported to ensure their hydration and nutritional needs were met. One relative told us how vigilant the care staff were in noticing any changes in their relations needs. They told us ‘If there are changes with urine colour, the carers will say the colour is too yellow and they ask me to give [relative] extra water to drink. They always tell me, even if I'm not there”. This showed us the staff were recognising and acting on the needs of the people they supported to ensure their hydration and nutritional needs were met.

Good

Is the service caring?

Our findings

We asked the people who used the service whether the care staff that supported them were kind and caring. One person said 'It's the best group of carers I've been with. I just like them. They meet my needs. They do my hair and make up nicely, and are good at getting me up in the morning, everything. They take me to the bathroom. Everything's done with care. Yes, with dignity and respect." A relative told us "Yes, they're kind. They speak to [relative] with respect, yes"

Staff were knowledgeable about people's needs and told us they always aimed to provide personal, individual care to people. Staff told us how people preferred to be cared for and demonstrated they understood the needs and preferences of the people they cared for. Staff told us that as they were employed to work with one person, this assisted in the development of a close relationship with people and allowed them to build up a clear understanding of their needs. They told us they could tell they were happy with the care as although they cannot speak, they communicated this through their body language and facial expressions.

The manager told us how important it was to the service that staff and the people they supported were compatible particularly around meeting their religious and cultural practices. For example, where it was appropriate for a male carer to support a male person who used the service, they would employ a person of the same gender to provide the required support. For one of the people they supported it was important to their wellbeing that they attended the mosque four times a day with a person of the same gender. The agency employed a person who could ensure care needs were met but also support the person to fulfil their religious requirements. Staff told us they were flexible in their provision of service around times of fasting to ensure people's needs were met but still enabling religious requirements to be facilitated.

Staff told us they always ensured people's dignity and privacy. For example, one care worker told us they were conscious people could feel uncomfortable with new care staff assisting with personal care particularly when supporting a person to take a bath or whilst using the toilet. They ensured doors and curtains were shut and that they left people to remain alone in the bathroom whilst they used the toilet until they called for assistance. Another care worker told us they always covered people up with a towel to ensure their modesty was maintained.

We asked staff how they ensured independence was maintained. One person told us "You really need to encourage them. We try and let them do as much as they can themselves. If they can lift their arm, we give them time to lift their arm. We don't want to do everything for them." One person who used the service told us "It's a high quality service for me with no problems. It has given me more independence as they know how to help me be independent. And they make me feel like me. Everything I want to do I can do it, with them." This person also said "Food and eating they help me with, as I make it with them. I can tell her (the carer) what to do. I have the recipes and tell them how to cook it. Because it's my cooking and they follow my instructions as I can't do it myself. I'm quite independent like that."

A relative of a person who is supported said their relative could eat using a spoon, and the carers encouraged the person to eat themselves so they don't do everything for their relative, "if [relative] can do more for themselves". This demonstrated that the agency were working in an enabling and reabling way to ensure independence was maximised and people's involvement in daily living activities was enhanced.

One person told us their service continued whilst their relative was admitted to hospital. They said

"They went with us to hospital at a difficult time. If I need help, [registered provider] is always there. We family and carers do the caring ourselves even in hospital, not the nurses'. This shows us the registered provider was flexible in their approach to meeting the needs of the person using the service to ensure their needs were met by carers known by the person and by carers who knew the needs and preferences of the person.

Good

Is the service responsive?

Our findings

People we spoke with and their relatives told us how person centred and responsive they found the service provided by Privilege Home Care to be. One person said "If I change the times of my calls, I can talk to the office. Everything gets done". One relative of a person who used the service said "Sometimes I'm not well and [relative] wants bathroom and I call the office. They say don't worry, we can send a carer."

We viewed four people's care plans and found them to be comprehensive documents, which provided a good level of information about people's health and social care needs. The plans were detailed and included clear protocols in providing specific aspects of care.

We saw that the service followed thorough assessment processes. All the care plans we viewed included care needs assessments, which had been carried out before the person's package of care was commenced. This meant that care workers had a good level of information about

people's needs and an understanding of the support they required, from their first point of contact.

Staff were given detailed information on how to support the person which was both task focused and person centred detailing the preference of the person requiring support. Included in this detailed guidance were risk reduction measures to ensure the person remained safe whilst they were supported by care staff. The way the documentation was written demonstrated the support plan had been written with the involvement of the person or their relative and would enable the carer to provide safe, compassionate, personalised care to the person being supported in line with their choices and preferences.

Staff told us they were not involved in the reviews of care plans but they could influence these by ensuring they communicated any changes in people's needs to the registered provider. People who used the service told us they were involved in the review of their care plans and relatives who acted on behalf of people all told us they were very much involved and were always kept fully informed.

All the staff we spoke with told us how much they loved their role in caring for the people who used the service. One member of staff said "The rewards that it gives you, if you make one person smile, who can't walk and talk and relies on us." Staff told us they were able to provide person-centred care as they felt able to engage with people. Each member of staff had been employed to work with a specific person which enabled them to build up a relationship with that person. The registered provider told us some staff had worked with the person for years and they knew the person they supported really well. They reinforced the requirement to remain professional at all times as they recognised this close relationship had the potential of crossing professional boundaries due to the closeness of relationships.

The manager told us they did not get complaints as they were fully involved in the care arrangements and visited people who used the service and their relatives every two weeks to ensure they were happy with the service. They provided us with a copy of their complaints policy which detailed the process to follow in the event of a complaint.

We asked people who used the service if they knew how to make a complaint and if this had been necessary. One relative told us "I've never had to complain about the care itself and the understanding between the registered provider and me is so good. Another relative told us 'I've got no complaints or concerns. Sometimes I ring the office, and I get a good response." This showed us there was an effective complaints system available and people knew how to complain and felt their concerns would be acted upon.

Good

Is the service well-led?

Our findings

Staff told us they were happy working at Privilege home care and one member of staff said "It's a really good company to work for. It's friendly and nice and we work to a high standard". Another member of staff said "Team working is excellent. We have a good team. The team is like a family". Other comments included "I am really happy. It's brilliant" and "We all help each other to cover for sickness or if we can't do a shift. Team working is excellent."

Staff told us they had regular contact with the registered provider, whom they described as very supportive. They told us the registered provider was always on call and they could contact them, no matter what the time was. One member of staff said "I would feel comfortable raising any concerns and reporting them to the manager"

We asked the registered provider how they ensured staff were informed of any changes to policies or practice. They told us team meetings were not held as the service was too small to get everyone together and they communicated with staff personally to ensure they remained fully informed and up to date with any changes. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. The manager assured us this was happening in their service by their contact with staff. The staff we spoke with told us they were fully informed of any changes in the service. People who used the service told us they were supported by the registered provider. One person said "They do give me good communication and work with me. I think it's good having this support and I'd carry on with it. It would be very difficult for us if we didn't have this service".

The manager told us they monitored the quality of the service by regularly speaking with people who used the service and their families to ensure they were happy with the service provided. They showed us questionnaires they used to send out to formally do this, but they had stopped doing this as they told us the people who used the service, asked them to complete the form for them. They told us they stopped as this did not demonstrate impartiality. However, without a record of the feedback about their service, the registered provider could not evidence that feedback was being monitored or analysed for trends or concerns. We spoke with people who used the service and their relatives who all told us they were happy with the service and were satisfied that any concerns would be acted upon. People told us the registered provider advocated on their behalf if they needed an increase in their direct payment to meet the needs of the people who used the service to enable them to live fulfilled lives in the community of their choice. The registered provider told us they were intending to measure the service against the new fundamental standards but has not yet completed this audit.

The registered provider told us their vision for the service was to carry on providing a respected, high quality service. They told us they were not actively seeking to take on any new people to use the service at the present time as they had the right staff to person ratio to ensure they maintained a high quality service and were well respected in the local area.

We sought the views of the community learning disability team and spoke with one professional who had worked with this agency to support one of the people who used the service. They told us they had worked well with the agency to provide joined up care for the person using the service and the agency had supported people who used the service to maintain community links.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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, and had limited opportunity to develop.**