

Faisal Ismail

Privilege Home Care

Inspection report

Community Centre
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Privilege Home Care is a registered domiciliary care agency providing a range of personal care and support to people with physical and learning disabilities, dementia, sensory impairments and younger adults in their own homes. At the time of our inspection, they were providing personal care and support to six people.

People's experience of using this service: Systems to assess, monitor and improve the service were not sufficiently robust. Recording in daily notes was not detailed and staff did not accurately record their arrival and leaving times. There were no audits taking place to demonstrate oversight of the service.

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 procedures in the service supported this practice.

A person and people's relatives told us they felt safe receiving this service. Staff had received safeguarding training and knew how to protect people from harm. Risks to people had been assessed, monitored and reviewed.

No new staff had been recruited since our last inspection. Staff were receiving regular formal support and training needs were up-to-date. This included training in the Mental Capacity Act (2005) which resulted in a breach of regulation at our last inspection.

People received a service from a small number of staff which provided consistency. There were no missed calls reported and feedback indicated staff arrived on time and stayed for the full duration of their visit.

Staff were trained in providing medication, although no one required this assistance at the time of our inspection. People were supported to receive enough to eat and drink.

Relatives confirmed staff supported them to access healthcare services, although they were able to arrange this independently.

Feedback received regarding the care and support staff provided was good and surveys supported this. Staff knew how to protect people's privacy and dignity and they met the religious and cultural needs.

Care plans were detailed and contained step-by-step guidance for staff to follow. Care was provided around people's preferences and their routines.

No complaints had been made since our last inspection, but people using this service were aware how to provide feedback if they were unhappy. Feedback regarding the registered provider was positive.

We made recommendations regarding the recording of supervision to make this more personalised to

individual staff and introducing body maps.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement (April 2018). The rating has stayed the same at this inspection.

Why we inspected: This was a planned inspection.

Follow up: We have asked the registered provider for an action plan. We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Privilege Home Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector. The inspection started with phone calls to a person and relatives on 12 April 2019. As the registered provider was unavailable for some time thereafter, the inspection concluded on 16 May 2018 at the premises.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people living with dementia, physical disabilities, sensory impairments and younger adults.

The service had someone registered with the Care Quality Commission as a 'provider'. This means they 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 visit because it is small and the registered provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we had received from the service including notifications about incidents in the home that the registered provider is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about the service.

During the inspection we spoke with the registered provider, two members of staff, one person who received a home care service and three relatives of people who also received this service. We looked at two people's care plans and other records including those connected with recruitment and training and quality monitoring.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said the service they received was safe. People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They had received training on how to protect vulnerable people.

Assessing risk, safety monitoring and management

- People who needed two members of staff to support them always received this assistance. People and relatives said they had not experienced missed calls.
- One person required assistance with repositioning. We found body maps were not being used at the time of our inspection to check the person's skin integrity. The registered provider told us, "We can arrange it, but no, we've not really done any body maps." We recommend the registered provider introduces these forms for people who need them.
- Risk assessments were completed which helped to minimise individual risks to people and staff.
- The registered provider told us they checked equipment in people's home to make sure it was safe to use. We found these checks were not recorded when spot checks were carried out. The registered provider told us they would add this.
- Relatives and staff told us the out of hours service was effective. One staff member commented, "Even if its two in the morning, he still responds."

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People and relatives gave positive feedback about staff turning up on time and staying for the required time.
- Staff rotas were produced every week. Each person receiving a service was supported by two or three allocated workers which meant they had consistency of service.
- The registered provider told us they would carry out an introduction if a new member of staff was sent to support someone receiving a service.
- The registered provider told us they had not recruited any new staff since our last inspection.
- We found there was no systematic checks to ensure staff were safe to support vulnerable people after they started their employment. The registered provider told us they would review this and look to renew DBS checks for staff periodically.

Using medicines safely

- The registered provider arranged for staff to be trained in supporting people with medicines, although at the time of our inspection, they told us no one needed support with medicines as they either managed this independently or relatives took responsibility for this.

Preventing and controlling infection

- Staff told us they were always able to obtain materials needed to promote good infection control. When we visited the registered provider's office, we could see a stock of gloves and aprons in place. One staff member said, "(Registered provider) is always ordering them. He says 'keep a spares in the car'."
- Care plans reminded staff of the need to follow infection control procedures.

Learning lessons when things go wrong

- The registered provider said they had learned from events which had not gone as planned. They gave an example of findings from our last inspection and said they had rewritten care plans to make these more detailed. They said, "I think the care plan is where we've advanced the most." At this inspection care plans were detailed and provided staff with 'step-by-step' guidance.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA.

- One person's mental capacity assessment had been started, but not completed. The registered provider told us they would address this.
- One staff member gave examples of providing choice to a person who had difficulties communicating. They said they offered them a choice of clothing by observing their reaction when they touched the fabric.

Staff support: induction, training, skills and experience

- At our last inspection we found a breach of regulation related to staff not receiving training in the Mental Capacity Act (2005). At this inspection, we found staff had completed this training. All other training was also found to be up-to-date.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- Staff were given regular opportunities to review their individual work and development needs. We found the recording of supervision was not personalised to individual staff members. We recommend the provider reviews the style of recording supervision.

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

- People told us staff were suitably trained and knowledgeable. One person told us, "They know me and how to do things."
- The last new package of care taken on was four years ago. However, the registered provider explained the process for someone new needing a service which included a pre-assessment to ensure they were able to meet the person's needs.

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

- People who needed support to eat and drink had care plans to tell staff how to do this. Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- People we spoke with told us they were happy with the support they received with their meal preparation.
- Staff had completed food and hygiene training to ensure they were confident with meal preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives confirmed staff provided assistance if they needed this to access healthcare services.
- The registered provider knew who to contact for guidance and equipment related to people's healthcare needs.
- Staff described appropriate action they would take in the event of an emergency or if people's health deteriorated.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the care and support they received from staff. One person told us, "They're (staff) kind and attentive. We talk a lot. They work at my pace. I get what I want and they meet my needs as it is."
- Relatives commented, "[Person's] been with them for a long time. They are understood now" and "They talk nicely to [person] and they're respectful."
- Staff members told us, "I do the job the way I would do with my own family. I like helping other people and putting a smile on their face" and "It's excellent, I don't think anyone else would be better. We give extra time to people."
- The registered provider told us their commitment was, "To provide a service which is good and looks after people's needs. We're doing this because we care."
- The registered provider understood the religious and cultural needs of people well and knew how to observe these requirements. They told us, "A service user is a service user regardless of religion or sexual orientation." One person was regularly supported to attend a place of worship.
- The service had a mix of male and female staff which helped people to be supported to meet their personal and cultural needs.

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

- One relative told us they did not have a copy of their family member's care plan in the home. We asked the registered provider to review this immediately.
- People's care plans were reviewed annually. The registered provider said they printed the care plan and took it to the review. Any changes were recorded and updates to care records were made thereafter. The registered provider told us, "It's always the service user and the service user's family involved."

Respecting and promoting people's privacy, dignity and independence

- One person's care plan showed how they were supported to take part in their care as much as possible. It recorded what aspects of moving and handling they could help with which supported their independence. Another person had a detailed care record relating to oral care which also showed how they should be involved.
- Staff knew how to respect people's privacy and dignity. One staff member told us, "I come and knock on the door. If [person] says no, I wait outside." Staff knew to protect people's dignity by covering them whenever possible during personal care. One care plan stated, '[Person] will also be covered by a towel to keep them warm and dry'.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate.
- Care plans covered key aspects of care such as personal care, mobility, continence care and eating and drinking needs. Care plans identified key medical conditions and were detailed in how staff were expected to support people.
- The records contained detailed step by step guidance which identified people's routines and preferences which staff were able to work from.
- The registered provider was confident they were responsive to people's changing needs and shared an example of a staff member who identified one person who may benefit from additional support hours.
- People were supported to access the community where this had been agreed as part of their package of care. We saw care plans identified how staff were to assist people in these situations.
- People confirmed staff arrived on time and stayed for the full duration of their scheduled visit. One relative told us they were informed if there were changes to the staff they were expecting to support them.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.

Improving care quality in response to complaints or concerns

- No complaints had been received since our last inspection. The registered provider gave people a service user guide which explained how they could make a complaint.
- One person and relatives told us they knew how to complain if they were unhappy with the service they received. One person said, "Well I can ring them directly if I have to." Relatives also said they would speak to the registered provider about any concerns.
- Complaints or concerns were part of the registered provider's bi-monthly visits to people's homes.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered provider was aware of the importance of developing end of life care plans with people, when they were requiring end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. One regulation was not being met.

Working in partnership with others

- The registered provider was unable to demonstrate how they worked in partnership with external stakeholders and agencies. They told us this was something they would explore, but they did not have access to these groups which may have helped them to keep up-to-date with the latest best practice guidance.

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

- The registered provider was not always clear about their responsibilities. For example, they were not aware of events which they must notify the Care Quality Commission about such as serious injury and deaths. However, there was no evidence of such events occurring.

Continuous learning and improving care

- The registered provider did not carry out audits of care plans, call times and daily records to ensure the service provided was as they expected.
- The registered provider said they had identified some staff members did not have good written skills in English. Further action was needed to demonstrate some staff were capable of completing robust written records.
- Care records were returned to the office once a month. The registered provider said they had identified repetitive recording in daily notes. This style of recording was seen dating back to July 2018 which meant insufficient action had been taken to make records more detailed.
- Daily records showed when staff arrived and left their scheduled visits. The registered provider told us they reviewed these documents, but there was no evidence of checks.
- Staff consistently recorded they had arrived and left at exactly the same time each day. These times were consistent with the contracted call times, which meant they were unlikely to be an accurate record regarding the punctuality of visits. This meant we could not ensure people were charged correctly for their service. We asked the registered provider to take action.
- The registered provider and staff told us regular meetings were held. One staff member said, "We'll say our own opinions." However there were no records of these meetings which meant we were unable to see if they were effective.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance as systems to assess, monitor and improve the service were not sufficiently robust.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider said they maintained confidentiality by ensuring staff did not discuss sensitive information with anyone else." One staff member said, "What happens in the house, stays in the house."
- One person and relatives said they felt well supported and listened to by the registered provider. One relative said, "[Registered provider] phones and asks how everything's going."
- Staff felt the registered provider was approachable and dealt with their concerns. One staff member said, "You can talk to him and he understands and listens." Another staff member said, "Every month he briefs me. He's a very helpful man."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider was regularly completing spot checks to ensure staff were providing safe, effective and compassionate care. The registered provider said, "If there's anything wrong, I'll discuss it in the office."
- June and December 2018 satisfaction surveys for people showed extremely high satisfaction levels. No concerns had been reported through these surveys.

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 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the service were not sufficiently robust. There was a lack of contemporaneous recording in daily records.