

Profad Care Agency Limited

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Inspection report

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18 May 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Profad Care Agency Limited is a domiciliary care agency providing personal care to 37 people in their own houses and flats at the time of inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements had not been made since the last inspection and people remained at risk.

Risk assessments were not always in place to provide staff with the information required to support people safely. Risk assessments were not kept up to date or reviewed after incidents.

Care plans did not always contain up to date, detailed information on people's care, based on their current needs.

Records showed gaps in recording to evidence that people's medicines had been administered as prescribed. Records of care tasks had gaps in the recording of skin integrity checks, repositioning checks and when cream was applied.

Systems and processes were either not in place or robust enough to ensure there was effective oversight of the service. Audits were not completed regularly and had not identified the issues found on inspection.

The provider had breached people's confidentiality on two separate occasions. This was being investigated externally.

Complaints had not been recorded or responded to appropriately. People did not always feel listened to.

Systems were in place to protect people from the risk of abuse however, there was no system in place to monitor accidents and incidents to identify possible trends or patterns.

People were protected from the spread of infection, including COVID-19.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2020) with a breach of Regulation 17, Good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to call times and staff knowledge. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Profad Care Agency Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk assessments, oversight, confidentiality and medicines at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not always well led.

Details are in our well led findings below.

Profad Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors. One inspector visited the registered office and another inspector conducted telephone calls to staff, relatives and people offsite.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. However, they were no longer employed by the service. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been recruited.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 May 2021 and ended on 2 June 2021. We visited the office location on 18 May 2021 and made calls to people, relatives and staff up to 2 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the manager, provider and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Risk assessments were not always in place for known risks to people. For example, one person who has risks identified regarding their environment had nothing recorded regarding this risk or what strategies were in place to mitigate these concerns. People told us their risk assessments were not always reflective of their needs. This meant they were at risk of avoidable harm.
- People's care plans did not contain all the required information to ensure staff supported people safely. For example, there were whole sections of the care plan left blank for multiple people and the details of a person's living arrangements and environment were not always completed. One staff member told us, "I have read all the clients care plans but sometimes they aren't accurate. I have said before that they need updating." This meant the staff did not always have the information required to support the person safely.
- People and relatives told us information in care plans was not reflective of their current needs. One relative told us the person's care plan detailed they slept in their bedroom however, the person slept in the lounge in a hospital bed. A person told us; their care plan did not contain their known allergies.
- People's care plans contained conflicting information. For example, one person's care plan stated they were allergic to three medicines. However, another section stated five allergies. Another person's care plan had conflicting information recorded regarding how they communicated.
- People were at risk of, developing pressure sores were not safely monitored. Staff had not consistently recorded repositioning tasks, skin integrity checks and when creams were applied to people's skin. We found multiple gaps in these records. Therefore, we could not be assured these tasks had been completed and people were being kept safe from harm.
- We could not be assured that people received their medicines as prescribed. Medicine Administration Records (MAR) contained missed signatures. Staff are required to sign MAR to evidence they have administered each medicine as prescribed. We also identified prescribed creams were not included on the MAR to evidence these had been applied as required.
- Protocols were in place for 'as required' medicines. However, staff did not document the rationale for administering these medicines.
- There was no system in place to monitor accidents and incidents to identify possible trends and patterns. There were not always records in place to evidence what action had been taken following an incident to reduce the chance of further occurrence.

The provider had failed to ensure that risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act

The manager implemented an action plan and detailed how they would mitigate these risks following the inspection.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The provider obtained information from staff relating to health conditions that may affect their work. However, where concerns had been identified, risk assessments had not been put in place to assess and consider any required reasonable adjustments.
- Not all care calls were completed within the times agreed, when staff were late, people had not been informed. One relative told us, "[Person's] first morning call should be at 9.30am and the carer is not turning up until 11am. The next carer should then come at 1.00 pm but they are coming at 11.30am."

We recommend all staff files are reviewed and risk assessments are implemented for any health conditions that may affect how staff can work. We recommend call times are reviewed and monitored to ensure people receive care in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training and understood how to recognise signs of abuse and who to report to. A staff member told us, "I've had safeguarding training, I would report any issues or concerns to my manager or the office."
- The provider had a safeguarding policy in place to protect people from the risk of abuse.

Preventing and controlling infection

- The provider had an infection control policy and procedure in place to protect people from the spread of infections.
- The provider ensured staff had access to regular testing for COVID-19.
- Staff had received training in infection control and demonstrated an understanding of what Personal Protective Equipment (PPE) should be used when supporting people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, systems were either not in place or robust enough to demonstrate the provider had maintained effective managerial oversight of the quality and safety of the service. This placed people at potential risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement has been made and the provider is still in breach of Regulation 17.

- We found continued issues with management oversight, records and monitoring of risk. These were all identified at the previous inspection. Improvements had not been made in these areas and people were still at risk.
- The provider had not kept people's personal information safe. There had been two occasions of a personal data breach under General Data Protection Regulation (GDPR). A personal data breach is a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.
- People were at risk of receiving unsafe care due to the lack of oversight of the service and records. Systems and processes in place to ensure oversight of the service had not consistently been followed. Audits had not been completed in line with the providers procedures. For example, on care plans, daily care records and MAR. Therefore, all the shortfalls found during the inspection had not been identified by the provider.
- Staff did not have all the information they required to provide safe care. The provider did not have systems in place to make sure all risks had been assessed, monitored and mitigated. Care records did not always contain enough information to ensure staff could support people appropriately and safely.
- There were no systems in place to monitor complaints, safeguarding concerns or accidents and incidents to identify trends and patterns. Records did not always evidence that a manager had been made aware of an incident or that appropriate actions had been taken. This put people at risk of harm.
- Systems were not in place to monitor, review and improve care calls.

The provider had failed to have systems and processes in place to assess, monitor and improve the quality and safety of the service. The provider failed to maintain secure, accurate, complete and contemporaneous records. This was a continued breach of Regulation 17 (Good governance) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had submitted statutory notifications to the CQC as required. However, one notification had not been submitted for a breach in confidentiality. The manager agreed to submit this immediately after the inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us when they had raised a complaint, they had not received an acknowledgement or outcome. One person told us, "They (management) never seemed to take any notice of what we (people) say."
- Not all complaints received had been logged as a complaint therefore, they had not been investigated or responded to appropriately.

We recommend the provider reviews all complaints to ensure they are recorded and responded to appropriately as per the services policy and procedure.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service gained feedback from people who used the service to find out how their care and support could be improved. For example, staff arriving late to calls. However, where the feedback given had identified improvements, there was no record of action taken.
- People were involved in the planning of their care and had signed their care plans when able to do so. However, records did not always accurately reflect people's needs.
- Staff received information from the service via a social media app. Communication books were in place in people's homes to share information with relatives.

Working in partnership with others

- The service had recently been visited by the local authority commissioning and quality team where an action plan had been put into place with identified improvements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe management of medicines.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have systems and processes in place to assess, monitor and improve the quality and safety of the service. The provider failed to maintain securely, accurate, complete and contemporaneous records.</p>

The enforcement action we took:

Warning Notice