

Proficient Community Care Services Limited

Proficient Community Care Services

Inspection report

Suite 18, Saracens House Business Centre
25 St. Margarets Green
Ipswich
IP4 2BN

Tel: 01473561088

Date of inspection visit:
31 May 2022
15 June 2022
24 June 2022

Date of publication:
05 July 2022

Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

Proficient Community Care Services is a domiciliary care service providing care to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were 12 people who used the service who received personal care.

People's experience of using this service and what we found
People and their relatives were complimentary about Proficient Community Care Services and would recommend the agency. The management and staff worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

Risks were assessed and managed safely. People were supported by a staff team who were safely recruited, trained and knew how to protect them from potential harm.

People received their care visits at the times they expected, for the length of time agreed, and from staff they knew. The staff and the management team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care and support records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed. Staff felt supported and valued in their role by the management team.

Systems to monitor the quality and safety of the service were in place.

Rating at last inspection

The service was registered with us on 24 September 2021. This was their first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led.

Details are in our well-led findings below.

Good ●

Proficient Community Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of an 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.

Service and service type

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

This service is required to have a registered manager. The service had a manager registered with the Care Quality Commission. They were also the provider. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or management would be available to support the inspection.

Inspection activity started on 31 May 2022 and ended on 24 June 2022 when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with the management of the service and electronic file sharing to enable us to review documentation. We carried out telephone interviews with people who used the service, relatives and staff.

In our telephone interviews we spoke with three care staff, four people who used the service and five relatives about their experience of Proficient Community Care Services.

We received electronic feedback from one relative, six members of staff, a social worker and the local authority commissioning team who work with the service.

We reviewed a range of records which included risk assessments, medication records for three people and three staff recruitment records. We also viewed some of the provider's policies and procedures, quality assurance records, training data, monitoring and oversight records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and at ease in the company of the care staff. One person said, "I trust the carers, I leave the door undone so that they can walk straight in, I feel totally safe." A relative commented, "My [family member] is very safe with the carers, feels comfortable with them."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "I am aware how to identify and report abuse or harm and would whistle blow if I had to." Whistleblowing is the act of disclosing information about wrongdoing in the workplace to relevant external agencies such as the local authority.
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Measures were put in place where risks had been identified, these guided staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "The times the carers come work well for me and the carers will always stay the full length of time that they are supposed to, if they have done everything they need to, they will just sit and have a chat with me. The carers are hardly ever late, if they are then they will always ring me to let me know, they never leave me in the lurch." A relative spoke positively about the continuity of care in place, "My [family member] has two carers four times a day; specific carers who do not change."
- Staff and the management team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits since the service started operating.
- Staff confirmed they had breaks and sufficient travel time to get to people whom they saw regularly. One staff member said, "I have the time I need to get to the call, do the care and get to the next place. I have breaks during the day and if I notice a care call is taking longer due to change in needs, I ring the office and they will review the visit and add more time if needed."

- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services

Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicines; where that support was required. One person shared how the staff help them manage their diabetes, "They will check I have taken my insulin." A relative told us, "The carers are brilliant, they know what they are doing, they help my [family member] to take their tablets. They are very kind and helpful."
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wear masks, aprons and gloves."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's needs. The assessment included people's physical, mental and social needs.
- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation.
- Records were regularly reviewed and updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A relative told us, "The carers know what they are doing, they all seem up to date with their training, they are very good."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "I never worked in care before, but the manager gave me the opportunity. I have done my training, shadowing, and the care certificate and now I would like to do [professional qualification]. I have discussed it with the manager and my name has been put forward."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs. One person told us, "The carers will support me with whatever I need on any particular day, they are flexible for example sometimes I will ask them to cook a meal from scratch for me and they are always willing to do so."
- People were supported to access health care appointments and timely referrals for advice were made when needed. Relatives shared examples of when the service had taken appropriate action to keep their family member safe from harm for example liaising with relevant healthcare professionals if they had concerns.

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.

People can only be deprived on their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person commented, "[Care staff] always check and ask me first before they do anything."
- People's care records showed that staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

Is the service caring?

Our findings

compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; Supporting people to express their views and be involved in making decisions about their care

- People we spoke with told us they were supported and treated well by the care staff. One person told us, "The carers are so good, they are bubbly, chatty and always so helpful. They put me at ease." Another person said, "They provide the best carers I have ever had; they appreciate me, they look after me and any problems I have they solve for me. They provide a brilliant service, and I would highly recommend them."
- People's relatives were complimentary about the support and care provided. One relative said, "I do not have anything to worry about, the service is always there for us, I have never had any concerns." Another relative commented, "The carers understand [family member] in every way. When I am at work, I make sure all of my [family member's] meals are prepared, and the carers heat them up in the microwave. The carers will text me to let me know how things are."
- A relative shared how their family member's cultural needs were valued and respected. "I help my [family member] to wash, due to religious reasons when I am at work, they need a male carer to help. I text the manager every week to let them know my shift patterns in advance and they help [family member] to wash on the days I am at work."
- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person told us, "When I first needed help from the agency, they came out to discuss what I would need, and I have to say they have delivered on everything that they said they would."

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said, "The staff are kind and caring, they are very understanding and very good at their job. If I want anything doing, they will do it for me."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this. One person shared, "Sometimes I am a bit stiff in the morning, but the carers encourage me, they help me, and they get me going."
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that care staff were considerate of individual preferences, taking account of what was important to the person. One person said, "They come at the times that work for me and are very flexible and accommodating."
- Relatives shared how where appropriate they were included in the ongoing care arrangements for their family members. A relative commented, "The manager came out originally to see what my [family member's] needs were, we have recently had a review and we are happy with how things are, nothing needed to change, everything is working well."
- People's care records were developed with the person/and or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences. One member of staff shared, "The care plans and risk assessments are accurate and contain the information we need to do our job properly."
- We noted throughout the care records there were prompts for staff to seek consent, encourage people to make choices and to be as independent as possible.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods. For example, one person's care plan reflected staff needed to speak slowly and clearly when communicating due to the person's impairment and to allow time for the person to respond.
- The management team told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One person said, "The manager sometimes visits as a carer and also rings us to see how things are going." Another person said, "I have never had any problems with Proficient, but would telephone them straight away if I did."
- A complaints policy and procedure were in place. Records showed all concerns received had been responded to in a timely manner, appropriate actions taken, and they had not escalated into a formal

complaint.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team promoted a positive culture within the service. They worked closely with staff and listened to feedback from people and their relatives. This ensured care staff were working in line with expectations.
- Feedback from people and their relatives was complimentary about Proficient Community Care Services. They told us they were satisfied with their care arrangements. One person said, "Been very good so far, no problems, reliable, safe and carers are very caring." A relative commented, "[The agency] has met my expectations; they understand my [family member's] needs and demands."
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. Staff described being supported in their role by their colleagues and the management team if they needed guidance and to professionally develop.
- Staff were complimentary about working at the service and said the management team were highly visible and approachable. One member of staff shared, "My experience of working with Proficient Community Care Services has been great. We have a good team, very supportive manager, no work pressure we are looked after."
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.

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

- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks.
- A range of governance and quality assurance systems were in place to ensure that care being delivered was safe, effective and compassionate. This included checks and audits for example, on staff files, medicine administration, and accidents and complaints.
- The management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.

- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team shared with us the challenges of opening a new service during a pandemic. They had recognised the need to keep up to date with the latest government guidance on COVID-19 and had adapted accordingly.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.