

Profad Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Profad Care Agency Limited is a domiciliary care agency providing personal care to 27 people at the time of the inspection.

Not everyone who used the service received personal care. 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

There was a lack of oversight and systems to monitor the service were not effective. Whilst it was evident that the provider had some quality control systems in place, we observed that they did not always identify issues, and were therefore not always effective. Where issues were identified robust action plans were not always created.

The service was not always safe. People's risks were not always appropriately identified and assessed. Staff were not always provided with clear guidance to manage people's risks. This placed people at risk of receiving care that may cause them harm.

Medicines were not always safely managed. The correct protocols were not always in place and there was no guidance to inform staff when to administer certain medicines.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Improvements were required to end of life care planning to meet best practice guidance such as that provided by the Gold Standards Framework.

People were safeguarded from abuse and neglect by a staff team who were trained in safeguarding procedures.

There was enough staffing to meet people's needs. People told us the staff who provided their care were consistent and knew them well.

Infection prevention and control (IPC) was well managed and staff were trained in safe IPC practices whilst providing care. Appropriate Personal Protective Equipment (PPE) was made available to and worn by staff.

Staff were supported by a robust induction policy and had received relevant training to ensure that they had the required skills and experience to support people appropriately.

Staff and the management team were kind, caring and compassionate. People and their representatives told us that the staff were kind to them and respected their dignity and their privacy.

Care records were person-centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

People and their representatives told us they were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

The provider had systems in place to encourage and respond to any complaints or compliments. The provider and management team had good links with the local communities within which people lived.

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

Rating at last inspection

This service was registered with us on 10 June 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing and training. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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 oversight and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

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 ●

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 who visited the service on 16 September 2020. One of the inspectors then contacted the relatives of people who use the service via telephone on 23 September 2020 and 24 September 2020.

Service and service type

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

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 September 2020 and ended on 24 September 2020. We visited the office location on 16 September 2020.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service and with two relatives of people who use the service about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers.

We reviewed a range of records. This included six 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 care plan documentation, staff meeting information and quality assurance records. The provider supplied us with an action plan to show how they would address the issues found on inspection.

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 requires improvement. 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

- People's risks were not always appropriately identified and assessed. Staff were not always provided with clear guidance to manage people's risks. One person's care plan showed they were at additional risk due to their health conditions and risk of falls, but there was no information around how staff should approach tasks to minimise the risk to the person. This placed people at risk of receiving care that may cause them harm. Following the inspection the registered manager advised us guidance for staff on how to mitigate people's risks had been added to all care plans.
- Risk assessments were not always completed appropriately. We saw two people who were receiving thickened fluids due to being at risk of choking did not have a choking risk assessment in place. There was conflicting information in one person's care plan which stated the person was at risk of choking and also stated the person did not have swallowing difficulties. This placed people at risk of choking. Following the inspection the registered manager advised us choking risk assessments had been put in place for all people who required them.
- Improvements were required to medicines management. When people required medicines as and when (PRN), the correct PRN protocols were not in place and there was no guidance to inform staff when to administer these medicines. This placed people at risk of not receiving these medicines at appropriate times. Following the inspection the registered manager advised us PRN protocols had been put in place for all people who required them.
- People told us they felt safe whilst their care was being provided. Staff were able to tell us how they mitigate risks around things such as people's dietary needs and how they would look for information about people's risks in people's care plans.
- Medicine administration record (MAR) charts were in place and had been completed accurately and signed by staff, showing that people had received their medicines. Staff had received training in safe handling of medicines and their competencies were tested regularly. Regular audits were carried out to ensure correct procedures were followed by staff and any action required was identified promptly.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training in safeguarding procedures and knew what action to take to protect people from harm and abuse. One staff member told us, "If I felt that a person was being abused or neglected, whether that was by a member of staff or member of the public, I would report this to the registered manager."
- When they commenced using the service people were provided with information which included an explanation of safeguarding and contact details should they have safeguarding concerns. One person's relative told us, "I have been provided with telephone numbers for the provider and for the local authority

and would call them if I was worried about something."

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out when appointing a staff member in line with regulatory requirements. For example, a Disclosure and Barring Service (DBS) check and previous employer references were obtained. The DBS 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.
- There were enough staff with the right skills deployed to provide people with their care at their regular planned times. One person's relative told us, "The staff are relatively consistent and they are really nice and know [name] well."
- The registered manager had implemented an electronic monitoring system. If care calls were late the system would send an alert to office staff who would then follow this up. Care staff telephoned people if they were running late to ensure people were aware of any issues and were not unduly worried.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and demonstrated good understanding on how to keep people safe.
- Staff had access to a good stock of appropriate Personal Protective Equipment (PPE) for providing care to people. One staff member told us, "I have had IPC training and am aware of the need to wear appropriate PPE and wash my hands regularly." One person's relative told us, "Staff always wear PPE."

Learning lessons when things go wrong

- The registered manager identified concerns around safe recruitment of staff and the provider amended the policy and procedure to ensure the safety of people.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 of 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.

- Information within MCA assessments and care plans was often conflicting and we did not see evidence of best interest decision processes having been followed. For example, in several care plans one section would state a person had the capacity to make their own decisions, whilst another section would state they require support to make the same decision. This meant that people were at risk of not being consulted around decisions involving their personal and medical care.
- Evidence of active Lasting Power of Attorney was inconsistent. This meant decisions had been made about people's personal and medical care when there was no evidence there was legal authority to do so. Following the inspection the registered manager advised us they had requested copies of any active Lasting Power of Attorney for all relevant people.

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

- Some people's health conditions affected their dietary needs. Care plans did not always contain enough information about this. This meant staff could not always be sure how best to meet people's needs.
- Staff supported some people with their meals. People had information as part of their care plans which detailed their likes and dislikes and whether any cultural needs impacted on what they ate.

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

- People's needs were fully assessed before any care was agreed and delivered. The provider used information from the local authority who were commissioning the support. A senior carer for the service visited people and their relatives to discuss their needs and to develop their care plans. One person's relative told us, "Staff involve me and talk to me a lot. I was involved in the care plan for [name]."
- People received their care and support by staff who knew them well. One person told us, "The staff are

very good and they know what they are doing. They know how to look after me." One person's relative told us, "I feel that staff are confident and know what they are doing when caring for [name]. I have seen that new staff are supported to get to know [name] before they begin to care for them."

Staff support: induction, training, skills and experience

- The provider had a robust induction policy that ensured staff members were given the opportunity to develop the relevant skills and experience to be able to offer effective support to people. The provider required all care staff members to complete the Care Certificate as part of their induction. The Care Certificate is a set of standards that ensure staff new to care receive appropriate induction and training. One staff member told us, "I had an induction period where I had to complete the Care Certificate and then shadow another member of staff until I was signed off as competent."
- Staff received regular supervision and guidance to support them in their roles. One staff member told us, "I have had a supervision which provided feedback from my manager, from other staff and from people who use the service. I am able to choose my own supervision schedule so if I feel I need additional support I am confident they will provide it to me."
- We saw a training matrix that was up to date and included review dates for refresher training. The training matrix showed that staff had received both face-to-face training and Internet based training. One person told us, "The staff appear to be well trained and know how to care for me." One staff member told us, "I feel that I have received all of the relevant training to support people effectively."

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

- Staff worked with other professionals to ensure people received support to meet their health needs. The service maintained relationships with General Practitioner (GP) surgeries, district nursing teams and mental health teams.
- The staff worked closely with the local authority to ensure that initial assessments were accurate and that the local authority were aware of any changes to people's needs.

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.

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

- People were well cared for and told us staff were kind and helpful. The feedback we received from people was positive about the care they received. One person told us, "The staff are very kind and caring. I feel like they listen to me and take my needs into account." One person's relative told us, "I feel that the staff are kind and caring. I have no problems at all with any of them."
- People received care from staff who knew them well. Staff had formed good relationships with people and treated them with care and compassion. One staff member told us, "I feel that I know the people really well and have developed good relationships with people. Information is within care plans which shows people's past history, their family dynamics and what they like and dislike. I will also have conversations with people so that I understand them better and to make sure information within care plans is up to date."

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

- People and their relatives told us they were involved in the planning of their care. One person told us, "I have been involved with discussions around my care and have contributed to my care plan." One person's relative told us, "I have had sight of [name]'s care plan and am confident that the information within it is an accurate reflection of [name]'s needs and their likes and dislikes."
- At the time of inspection no person using the service required the support of an advocate. However, the registered manager was aware of the need to support people to access advocacy services when required and advocacy information was contained within the service user handbook.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and their dignity was maintained. One person told us, "I am treated with dignity and respect. The carers are always respectful and they always make sure my dignity is respected." One person's relative told us, "I feel that staff treat [name] with dignity and respect. They always respect [name]'s privacy and ensure that the bathroom door is closed when they are using it."
- People told us staff encouraged them to do what they could for themselves and promoted their independence. One person told us, "Staff encourage me to do things for myself where possible. Staff help me to maintain my independence."
- People's personal information was kept securely and their confidentiality was maintained. One staff member told us, "I ensure that no information is shared with people who are not entitled to have access to it."

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

- Care plans were not always person-centred and did not always contain relevant and in-depth information about people using the service. There was a lack of adequate risk assessments and guidance for staff around people's risks and how to manage people's PRN medicines.
- People told us they were involved in the development and review of their own care and support plans. When it was appropriate relatives, or those close to the person, were also involved.
- Staff members knew the people they supported well. Staff could tell us about people's lives, those that mattered to them and their individual preferences.

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.

- Information was available in accessible formats when people needed it. People were given information in a format which suited their needs and staff knew how people preferred information shared with them.
- The registered manager told us, "The service user handbook contains information on all policies available for service users and their relatives to look at. We can provide these in alternative formats if necessary."

Improving care quality in response to complaints or concerns

- We saw information was available to people on how to raise a complaint or a concern in formats appropriate to their communication style. The provider had systems in place to record, investigate and respond to any complaints raised with them. One relative told us, "If I needed to make a complaint I would ring up and discuss it with the provider. If I did not get the response I required I would ring the local authority."
- Records showed that low level complaints had been noted and resolved. For example, we saw the service received a complaint which the registered manager thoroughly investigated and acted upon.

End of life care and support

- Care plans did not include information on end of life care and support. We talked through the importance of this and how this could be achieved with the registered manager. The registered manager advised that the provider had developed an end of life policy and that this would be implemented when required.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a lack of oversight and systems to monitor the service were not effective. There was a lack of audits and where audits were taking place they had not identified the issues we found during inspection. Incorrect personal information contained within risk assessments was duplicated across several different people's care plans and this had not been identified during audits.
- The provider failed to identify strategies to ensure people were kept safe. Risk assessments were not always completed and there was no guidance for staff on how to manage risks. The registered manager was aware that some risk assessments had not been completed, however had not recognised the importance of care staff having access to this information. This placed people at risk of receiving care that may cause them harm.
- The registered manager had failed to ensure that people were supported with choice and control over their lives due to conflicting information being documented within mental capacity assessments and care plans.
- The provider had not ensured protocols were in place to support staff in relation to medication administration and recording. PRN protocols were not in place and therefore staff did not have the information required to ensure safe administering of medicines.
- Due to the lack of oversight the provider was unable to evidence continued learning and improving care. However, we found no harm to people had occurred as a result of the lack of oversight within the service.

We found no evidence that people had been harmed, however 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.

The registered manager responded immediately during and after the inspection. They were open and transparent throughout the inspection and have advised us they have commenced an action plan, with most issues already addressed.

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

- Records relating to staff meetings were not effective in capturing the issues discussed. There was no written evidence that staff feedback was sought during staff meetings. There was no section within the staff

meeting records to show what issues staff had raised and who was responsible for addressing and resolving these issues and by when. This meant that the service could not evidence that they were fully engaging with staff and learning from staff feedback.

- Staff felt they were able to raise issues and felt listened to when they did so. One staff member told us, "I have a telephone supervision on a one-to-one basis every week and we have staff meetings every fortnight. I feel listened to and things change as a result of things the staff raise."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff said the management team was approachable and they felt supported by them. One staff member told us, "The registered manager is approachable and comes out to work with us in the community, supporting with care calls and demonstrating a hands-on approach. The registered manager is fair to all staff." One person's relative told us, "I tend to deal with [staff name]. I do feel listened to when I speak to [staff name]. I feel on a friendly footing with them."

- People are receiving person-centred support and were considered partners in their care. Care plans reflected people's individualised choices and preferences were considered and planned into their every-day care.

- People were actively encouraged to be independent. One person's relative told us, "Staff encourage [name] to do as much as they can, although [name] does have to be heavily encouraged to perform tasks."

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

- The registered manager was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notification of incidents, events or changes that happen to the service within a required timescale.

- Staff understood whistle blowing procedures and knew how to raise concerns with the relevant authorities. One staff member told us, "I understand what whistle blowing means and how to whistle blow. There is a policy kept in the office. If I did not feel comfortable whistle blowing within the organisation I know I can approach the local authority or the CQC."

Working in partnership with others

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, district nursing teams, mental health teams and social work teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of oversight and governance systems to ensure people received a safe service. Systems that were in place were not implemented effectively and audits had not effectively identified concerns within the service.</p>