

ProTarget Care Ltd

# Pro Target Care Limited

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Pro Target Care Limited is a domiciliary care agency. At the time of this inspection eight people over the age of 65 were receiving personal care.

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

People did not always receive their medicines as they were prescribed. Medicine records were not always completed with enough detail. Key recruitment checks were not always obtained before new staff started work. Staff had received training when they first started but this missed out on some key areas that staff needed to meet people's needs. Staff had guidance about how to care for people in care records, although these were not always written in enough detail to tell staff exactly what they had to do or what people were still able to do.

Systems to monitor how well the service was operating were carried out. These systems included audits of care visit notes and medicine administration records. However, they did not identify concerns and there a lack of action to address key issues, such as gaps in medicine records. This was due in part to a lack of opportunity by the registered manager. They also acted as a care worker and they were less able to spend time overseeing the running of the service.

Relatives were generally happy with the service and the staff who provided their care. People felt safe using the service and staff knew what they were doing, they visited people to learn how to care for them before having to do so. There were enough staff, and the registered manager also visited people regularly.

Staff supported people with meals and drinks. Staff had protective equipment to reduce the risk of infection. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People liked the staff that cared for them and relatives said their family members got on well with staff. They went on to tell us that staff supported people to live as they wanted. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the agency's aim to deliver care, which helped people to continue to live in their own homes.

We have made a recommendation about information in care plans.

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. However, how best to do this was not always

recorded.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 21May 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Pro Target Care 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

One inspector carried out this inspection.

#### 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. This means that they and the provider 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 May 2019 and ended on 18 June 2019. We visited the office location on 17 May 2019.

#### What we did before the inspection

We reviewed information we had received about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with two people's relatives about their family member's experience of the care provided. We also spoke with one member of care staff and the registered manager.

We looked at a range of records relating to how the service is run and monitored. This included, four people's care records and two people's medicines administration records (MARs). We also looked at other records, such as audits, staff recruitment and training 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 of this service and therefore no previous rating was available.

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.

### Using medicines safely

- There was information in people's care plans about how they preferred to take their medicines, such as with a drink. However, information about what staff should do, whether that was to hand people their medicines, give them on a spoon, individually or all at once, was not recorded. Both relatives told us their family members had not received medicines properly. Staff had not made sure one person took their medicine. This had resulted in them being admitted to hospital to correct their medicine dosage, after it was found that the person had not actually taken the medicine. Staff had not updated this person's care plan with this information.
- Staff completed medicine administration records (MARs) to show if people had taken their medicines although we found that there were gaps in this recording. No reason was recorded to show why staff had not given the medicines and medicine audits had not identified any concerns with the completion of the MARs. Staff had also not listed medicines on MARs but had recorded these as, "Dossett Box", without clear information of each medicine that was to be given.

The lack of oversight of medicines administration meant that people were at risk of not receiving their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training to help people take their medicines. Staff records showed that new staff had completed safe administration of medicines training.

### Staffing and recruitment

- There were enough staff available to support people's needs. Both relatives told us their family member had regular care staff, who were on time and had never missed a visit. Staff also said there were enough of them available to work.
- There was a system in place to recruit new staff when this was needed. Most pre-employment checks were carried out before staff started work. However, one person did not have a recent disclosure and barring service (DBS) check and health declarations had not been obtained for two staff. The registered manager made sure the DBS check had been submitted before the end of our site visit. However, this put people at risk of receiving care from staff who may not be suitable to work in this employment.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person's relative told us their family knew staff quite well and that, "It's the continuity that gives security."
- Staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice. However, the registered manager confirmed that not all staff had received this training and they would arrange for these staff to complete it as soon as possible.

#### Assessing risk, safety monitoring and management

- Most risks to people were assessed, monitored or actions taken to ensure people were safe. Staff had assessed risks to people's health and welfare such as moving and handling, and falls. However, one relative told us that although care records advised staff in how to reduce risks associated with falls, this was not always followed. On one occasion a person fell and was unable to call for assistance for some time as staff had not given them their pendant alarm.
- Risk assessments in relation to people's environment had not always been completed. Only one risk assessment had been completed and this identified issues. However, there was no additional information to show why risks had been assessed at a particular level or actions staff could take to minimise them.

#### Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection. A staff member told us they used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection. However, both relatives told us they had never seen staff use protective equipment or wash their hands before preparing food.

#### Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. The registered manager took action following accidents or incidents to reduce the risk of these reoccurring. They had provided additional training to staff and changed the way one medicine was recorded. The registered manager told us they had learned the benefit of making sure staff had enough training in medicines management. However, further action was needed to strengthen this as clear information was still not available in the person's care plan.



# 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 was the first inspection for this service and therefore no previous rating was available.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People were supported by staff who understood the principles of the MCA, although they had not received training in the MCA. A relative told us that staff always told their family member about what care they were going to provide. This gave the person the opportunity to decline the help if they wished.
- Assessments of people's ability to make decisions were available for medicines administration. However, staff did not always have enough information in care records to guide them in supporting people who may not be able to make other decisions. A staff member told us that one person was being assessed by staff from the local authority to determine their capacity and best interest decisions.

Staff support: induction, training, skills and experience

- Staff did not receive all the appropriate training before providing care for people; they had missed some key areas, such as safeguarding, MCA and dementia care. Relatives told us they thought staff did not always have enough training. One relative thought staff did not properly understand how to care for people with dementia. They described how staff sometimes rushed their family member or did not wait until the person had understood what had been said. Another relative felt there was a general training issue due to the number of things that had not been done by staff for their family member.
- Staff members received supervision at individual meetings. A staff member said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt supported to do their job.

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

- Staff completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they had enough staff with the right skills to meet people's care needs. The registered manager followed their own human rights policy, which provided guidance on equal opportunities and the Equality Act 2010.
- Staff tested equipment, such as lifelines, each month. This helped people to keep their independence but gave them the reassurance that they could call for help if needed.

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

- People were supported to eat and drink if this was needed. One relative told us that staff made their family member morning and evening meals and how this had improved over time. Staff made the person the breakfast they wanted and made sure there was something for the person to eat, even if they were not ready to eat when staff were present.
- Staff had enough information in care plans to know when they had to support people with drink and meal preparation. They had detail about what type of meal to prepare in some people's plans, such as sandwiches, although not all plans had this level of information.

Staff working with other agencies to provide consistent, effective, timely care

- Staff completed a 'This is me' form with those people happy to disclose these details. This recorded important information about people, their needs, daily routines and preferences. People took this information with them when they visited other providers of care, such as hospitals. The registered manager told us that a staff member would also go with the person if needed. They had done this shortly before our visit for a person who did not have family close by. This meant that these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

Supporting people to live healthier lives, access healthcare services and support

- Staff had access to information from health care professionals (where people were happy to disclose these details) and they followed this advice, which was included in people's care records.

## 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 was the first inspection of this service and therefore no previous rating was available.

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 treated kindly by staff. Relatives told us staff were, "Generally nice and kind," and "They're pretty good."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. A staff member told us, "I treat people how I would treat my relatives."

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

- Relatives confirmed that staff asked how their family members preferred to have their care and support provided. One relative told us, "[Staff member] knows Mum well and likes her a lot." They went on to say that staff adapted their routine if asked to do so.
- The registered manager said that no-one who received care was using an advocate, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff respected their family member's privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records were kept securely in the service's office.

# Is the service responsive?

## Our findings

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

This was the first inspection for this service and therefore no previous rating was available.

This meant people's needs were not always met.

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

- People's care needs were usually met and their relatives were generally happy with the care their family members received. One relative told us that staff supported their family member's independence by making sure they were ready for the day.
- People had care plans in place, which gave staff some guidance on how to respond to people's needs effectively and safely. There was not enough detail about what people could do for themselves or what staff needed to do. However, staff had built good relationships and knew people's likes, dislikes and preferences. Although people looked after their own long-term health conditions there was little information generally to guide staff.

End of life care and support

- Guidance was not available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. The registered manager told us that staff had received training in this area and additional guidance was available from visiting health professionals. However, this meant there was a risk that people's wishes would not be known at this time and staff may not support the person in the way they would want.

We recommend that the service consider current guidance and information on care plan writing and planning how people's care needs are to be met.

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 registered manager identified people's communication needs during their initial assessment. People's communication needs were identified and recorded, although not all staff had the skills to meet these needs fully.

Improving care quality in response to complaints or concerns

- Relatives knew who to speak with if they were not happy with the care their family member received. One relative told us, "Generally, if I go to them [the registered manager] with an issue, they'll try their hardest to

rectify it."

- People had information about external organisations that they could also contact about their concerns. No formal complaints had been made, and although concerns were resolved, there was no formal record of these.

# 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 was the first inspection for this service and therefore no previous rating was available.

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.

### Continuous learning and improving care

- There were processes in place to monitor and assess the quality of the service and if it was operating safely. The registered manager completed audits on a regular basis but had not identified where lapses had occurred, such as gaps in medicine records, the assessment and management of risk, poor recruitment practices or missing staff training.
- The registered manager was often out of the office supporting staff and providing care. This meant that although people received the care they needed, the registered manager did not have the time to ensure systems that supported the running of the service were maintained.
- We found concerns in a number of areas that show the registered manager did not have an understanding of their responsibilities. One of these areas resulted in a breach of regulation, some of these were not seen as good practice. They indicate there was not enough oversight of the risks to people, or evaluation and improvement to the service.

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

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and regularly stepped in to support staff when this was required.
- Staff told us they were able to provide care and support to people because they had a registered manager who supported staff. They said they could raise issues with the registered manager and were confident their concerns would be listened to.

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

- There was a registered manager in post. Pro Target Care Limited had clear lines of responsibility to effectively manage the care and support people needed.
- The registered manager had no senior staff working for them. They spent some of their time carrying out caring duties, which made sure everyone using the service received the care they needed. However, it also resulted in a reduction in the oversight of the service and completion of quality performance monitoring. This meant that the service continued to run at those times when the registered manager was not available

but it did not always run well.

- The registered manager complied with legal requirements for duty of candour; they sent notifications to us when required to do so.
- The provider had policies and procedures in place.

The lack of robust quality assurance meant people were at risk of not receiving care and should this result in people being in an unsafe position, the provider's systems would not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives had completed a survey in 2018, which showed mostly positive comments about the service. The registered manager had taken action to discuss and resolve any issues people had.
- Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services. The registered manager contacted other organisations appropriately.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services were not always protected against the risks associated with unsafe administration of medicines. Regulation 12 (2) (g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People who used the service were not protected against the risks associated with inadequate and ineffective monitoring the quality and risks to the service. Regulation 17 (2) (a), (b), (f).