

Protective Care Group Limited

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Inspection report

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Date of inspection visit:
12 April 2023
05 May 2023

Date of publication:
05 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Protective Care Group LTD is a service providing support and personal care to children and vulnerable adults with complex needs. The service is registered as a care at home service. Staff support children who live with their family and children who live on their own.

At the time of inspection 9 people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (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. 1 person was receiving personal care at the time of inspection.

The provider was also registered with Office for Standards in Education, Children's Services and Skills (Ofsted). Ofsted inspect services providing education and skills for learners of all ages. They also inspect and regulate services that care for children and young people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Although people were supported by a core staff team that knew them well, we found issues in the recruitment processes for new staff. The provider had identified these issues prior to our inspection and were making improvements.

People's physical and emotional needs had been assessed to make sure they received the right support. Staff had access to detailed risk assessments which guided them on how to reduce risks to people, whilst promoting their independence. 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 who may experience behaviours of distress were supported with clear plans that recognised the triggers and signs of emotional distress, and how they would like to be supported. Relatives told us people experienced less behaviours of distress when being supported by staff as their needs were fully understood.

People were supported with the safe administration of their medicines.

People's care outcomes, goals and life aspirations had been recorded so staff had a good understanding of

the person as an individual and what they would like to achieve from their care. The care goals people had set were reviewed regularly to make sure they were current.

Detailed care records were kept for people and other care agencies to refer to, this helped staff and other agencies to keep up to date on people's care needs.

Right Care

People were provided with care tailored to their individual needs. Staff spoke positively about their caring role and were passionate about providing good quality care. The service was led by a registered manager and team manager who valued people as individuals.

People were provided with dignified care which respected their privacy and promoted their independence. When people's care needs changed, this was pre-empted by staff and their care was adjusted to meet these needs.

People were protected from the spread of infection by staff.

Care plans were made with people, their relatives, and professionals to ensure that staff fully understood people's care needs. People's equality, diversity and inclusion needs were fully explored and supported by staff. People's communication needs had been assessed, this supported staff in their interactions with people whilst providing care and support.

Right Culture

The service worked with other professionals to meet people's needs and we received positive feedback. However, at the time of inspection, the provider had not communicated with professionals about concerns involving a child's safety and care.

People were empowered to live a life of their choice by the staff supporting them. People were supported by a service which valued and promoted people's individuality, independence, and human rights. Policies and care planning supported this culture.

The management team encouraged an open learning culture where good practice was celebrated, and lessons were learnt. There was an open and honest culture between people, relatives, staff and leaders, where they all felt confident to raise concerns and complaints.

Staff felt supported in their caring roles and adopted the caring values of the organisation.

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 22 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in relation to the consistent safe recruitment of new staff at the service at this

inspection.

We have made a recommendation about provider communication with safeguarding professionals. 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective. Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring. Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive. Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led. Details are in our well-led findings below.

Requires Improvement ●

Protective Care Group 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. A change in management structure was taking place and a new registered manager was applying for this position. We spoke to both managers on inspection.

Notice of inspection

We gave the service 24 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 12 April 2023 and ended on 5 May 2023. We visited the location's office on 12 April 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to 5 members of staff including the registered manager, team manager, 1 residential team leader, 1 residential support worker and a recruitment consultant. We also received written feedback from 5 residential support workers who were unable to talk to us in person as they were supporting people.

We spoke to 1 relative to gain their feedback. We sought feedback from 3 professionals and other agencies that work with the service.

We reviewed a range of care records and risk assessments. We looked at 6 staff files in relation to staff recruitment. We reviewed a variety of records relating to the management of the service, staff development and the provider's policies and procedures.

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 newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

- Safe recruitment processes were not always consistently followed for new staff. Pre-employment checks had not always been completed in line with the providers policy and the required standards. For example, we found gaps in staff's employment histories. Also, where staff had previously worked in health or social care, the provider had not always asked for references to check their conduct and reasons for leaving.
- Risk assessments completed on some staff were not based on the most recent information. The provider used DBS checks to complete risk assessments of staff members who had a previous criminal conviction. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found 1 staff member who was supporting children, had no enhanced DBS check, and a risk assessment was made on a previous employers standard DBS check. This means that the provider did not have the most recent information and could not be certain that this staff member was not a risk to children or vulnerable adults.
- Staff's health needs were not always gathered by the provider. Satisfactory information about any physical or mental health conditions of staff, which were relevant to the role, had not always been gathered. This information would support the provider in making reasonable adjustments and ensure that staff are physically fit and mentally well to support vulnerable children and adults.

Safe recruitment practices had not always been followed to ensure that staff were of good character and safe prior to supporting children alone. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified issues in their own recruitment processes prior to our inspection and was in the process of restructuring their recruitment team. The provider took on board the feedback from the inspection and shared they were committed to making improvements to their recruitment processes.

- People were supported by a consistent staff team who knew them well and the same staff covered holidays or sickness. This means that people were provided with consistent and predictable support. A relative told us; "[people] see the same faces, and this is really important."

Systems and processes to safeguard people from the risk of abuse

- The provider had not always communicated with professionals to alert them of safeguarding information. During our inspection, a safeguarding concern was raised with the provider, however they did not share this information professionals who support people. Please see the well-led key question for further details on the action we have asked the provider to take.

- Systems were in place to protect people from abuse or the risk of harm. Staff had received safeguarding training and told us about the steps they would take to keep people safe. Relatives told us people were kept safe from harm, and they felt confident to report any worries about abuse to staff.
- Experienced designated safeguarding leads supported staff in safeguarding concerns. Staff told us they had access to a designated safeguarding lead when they needed them.
- Staff had access to a whistle blowing procedure if they had concerns about poor practice. Staff were provided with the whistleblowing policy and told us they felt confident to report any worries about poor practice to the management team. Staff also had access to a welfare officer to talk to about safeguarding and whistleblowing concerns.

Assessing risk, safety monitoring and management

- People had detailed risk assessments to inform staff of how to support them safely. Risk assessments were completed and regularly reviewed with people, relatives and professionals. Risk assessments promoted people's choice and independence at home and in the community, whilst minimising risk.
- People were supported by staff who knew them well and understood their risks. Staff told us how they support people individually to minimise risks. This had a positive impact on people as they were supported by the least restrictive options and their safety was supported.
- Where people experienced behaviours of distress, there were detailed risk management and communication plans in place to guide staff. Staff used the least restrictive approaches to support people. One relative told us that a person had less distressed behaviours since being supported by staff.

Using medicines safely

- People were supported by competent staff when administering their medicines. Staff had access to a clear medicines administration policy and received training and competency-based assessments to support them in safe administration. Staff told us they felt confident in supporting people in the administration of their medicines.
- Staff administered medicines safely to people who required support. Staff knew people's medicine needs and recorded administration accurately. Relatives told us people received their medicines when they needed them and how they would like them to be administered. Staff worked closely with health professionals to ensure people's medicine needs were up to date.
- Protocols were in place for people's 'as required' medicines, such as pain relief or medicines to reduce distress. Staff followed detailed behavioural support and medicine management plans to ensure they only administered medicines to support distressed behaviours when needed. A relative told us they had seen a reduction in medicines for distress being needed since staff had begun supporting a person.

Preventing and controlling infection

- Staff were safely supporting people to minimise the spread of infection. Staff had received training on how to reduce the spread of infection and were provided with personal protective equipment (PPE) to help keep people safe. Staff told us about how they wear PPE and dispose of it safely.
- The provider had an infection prevention control (IPC) policy to guide staff and minimise the spread of infection. The management team completed spot checks of staff to ensure that they were using good IPC practices and wearing PPE.
- Relatives of people told us that staff wore PPE and adopted good IPC practices when supporting people with personal care. People were supported in regular hand washing and maintaining a clean home to reduce the spread of infection.

Learning lessons when things go wrong

- There were systems in place to report, review and learn from accidents, incidents and near misses. This

included medicine errors and when staff had to use restrictive measures to keep people safe. Incidents were reviewed by the management team so lessons could be learned.

- The management team adopted a culture of learning and openness. The management team gave us examples of lessons learnt and told us; "We are open to learning and just want to get it right for our young 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 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

- People's needs were fully assessed before they started receiving personal care from the service. Pre-assessments were completed with people, their relatives, and professionals. The provider aimed to ensure they were the right service and could effectively meet people's needs.
- Up to date care plans and risk assessments guided staff on how to provide personalised care whilst promoting people's independence. Care plans guided staff around people's individual care choices, communication needs, life history and how to support people safely. Relatives told us about the positive impact the care and support were having on people, such as developing independent self-care skills.

Staff support: induction, training, skills and experience

- Staff were safely inducted into the service. Staff received an induction which included training specific to people with a learning disability, autistic people, and people who experience distress. Staff engaged in competency-based assessments to build their confidence and skills. Staff were positive about the training and support they received.
- Staff new to the caring profession were enrolled in the care certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported by a consistent management team. Staff were positive about the support from their team leaders and the registered manager. Staff were offered supervisions, de-briefing sessions, and appraisals to support their development.
- Staff were matched to people's needs based on their experience and skills. People were supported by a core team of staff with a mixture of backgrounds, and all had professional or personal experience of supporting people. Relatives told us they felt staff were well trained and skilled in their work.

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

- Staff worked closely with people and their relatives to ensure people had a balanced diet and enough to drink. Where required, people were supported to eat and drink in a positive way. People were supported to choose what they wanted to eat and drink and when. Staff worked in collaboration with people and relatives to support meal planning and preparation.
- Staff worked with health and social care professionals to support people to receive care that met their current needs. Staff attended meetings with other agencies to update them on people's care needs. This

meant people's care needs were fully understood by all agencies.

- Staff supported and promoted people's health needs. Staff supported people to access health appointments and seeing community health professionals, such as GP's, dentists and opticians. Staff worked closely with relatives to ensure peoples' health needs were met.
- People were supported by staff to access their local community as they chose to promote their wellbeing and live healthier lives. Including such places as, the cinema, cafes and swimming pool. Relatives told us that this supported people to feel included and was good for their sense of wellbeing.

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 MCA 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.

- People were supported to make choices and decisions about their care. We judged through conversations with staff and relatives, that the service had a good understanding of how to gain people's consent and that this was happening prior to offering care or support.
- Where people were unable to consent to their care, due to their age, consent was gained from their relatives with parental responsibility. Staff involved relatives and professionals to support the least restrictive solutions for people.
- The service had an approved mental health professional (AMHP) to support people, relatives and staff in capacity decisions.

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 provided with kind and compassionate care by staff who knew them well. Relatives were positive about the care people received. Relatives told us staff were considerate, caring and respectful when providing care to people. A staff member told us; "Staff throughout the team are caring."
- People were supported by staff who were passionate about delivering good quality care. Staff across the service were positive about their caring roles and prided themselves on providing individualised care. The manager told us that one of the key values of the service is; "Person led care" and that means "Knowing [people] and giving them the opportunity to be part of society."
- People's equality, diversity and inclusion needs were known and respected to ensure that people received the right care. The service asked about people's life experiences, religious beliefs, sexuality, and culture to better understand the person and support their identity.

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

- People and their relatives were involved in the decision making around people's care. Staff offered maximum choice to people in the day-to-day decisions in their lives. This meant people were in control of what they wanted to do and how they wanted to do it, with support. Relatives told us staff listened to people and respected their wishes and choices.
- People were offered the chance to express their views about their care. Staff and relatives told us about how staff gain the views of people. Where people had additional communication needs, more time and different styles of communication were used to seek people's views and involve them in decisions.
- People's choice of the gender of staff providing them with care was considered. Staff were closely matched, where safe to do so, with people's preferences. The management team asked people about their views on their staff team to ensure that they were meeting people's needs.

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified and respectful care. Staff told us the steps they took to respect people's privacy and how they provide dignified care. Relatives spoke positively about the dignity and privacy people were offered by staff.
- People were asked their consent before personal care was provided. Staff told us they always ask for consent and informed people of what they are going to do before they do it. This meant people could agree to the support being offered to them.
- Staff promoted people's independence in their everyday lives. Staff gave examples of how they support people where appropriate to do tasks for themselves. One relative told us; "[Staff] have struck a really good balance of promoting independence ... They will prompt [person] and help [person]."

- People's age and stages of development were safely supported, and their privacy respected. Young people's transition into puberty was well considered so that staff could safely support people. For example, people were supported appropriately with their sexual development.

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

- The service was responsive to the changing needs of people. People were supported when their needs changed, and changes were often pre-empted by staff, particularly when people might experience distress. For example, staff were aware of dates in the calendar which may be distressing to people.
- People's needs, preferences and choices had been recorded. Staff had access to detailed records to help them be responsive to the changing needs of people. Staff were adaptable when supporting changes in young people's developmental needs, such as age-appropriate personal care.
- The provider responded to people's changing care needs. The provider supplied staff with up-to-date training and support so they could continue to provide responsive care. For example, training in personal care and harm reduction.
- Staff were matched to meet the support needs of people. People had a core team of staff who were introduced to them prior to them being provided support. This helped people to get to know the staff supporting them and provided them with greater choice and control.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider sought to understand people's communication needs and recorded how to support people within their care plans. Other methods of communication were also used by the service to support accessible information. For example, the care planning form had diagrams to represent each section of care needs.
- Staff had clear guidance on how to support people when they were experiencing behaviours of distress. This meant staff had clear instructions on how to communicate with people who may be in distress and what helps to support and comfort them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to access their community to do activities of their choice. People accessed a wide range of activities in the community that they may not be able to without the support of staff.
- Staff provided activities for people in their home and encouraged independent living skills to support

people's confidence and promote independence.

- Staff supported people to build and maintain relationships with friends and family. This supported people in having a meaningful social life.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints or concerns. Although the service had not received complaints at the time of inspection, relatives told us that they felt able to raise any complaints or concerns to the management team. The management team told us about the steps they would take to address any concerns.

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 did not always protect people from the risk of harm, however, they promoted a culture and delivered 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

- The management team did not always communicate effectively with safeguarding professionals about concerns. Professionals told us that the management team's communication needed to improve where there was a risk to people's safety and wellbeing. The provider had acknowledged this feedback and was working on improving their communication.

We recommend the provider improves their communication systems with professionals when there are safeguarding concerns.

- The recruitment systems for staff needed to be improved. The provider had identified issues in their recruitment processes prior to our inspection. However, not enough action had been taken to address all the issues such as, completing risk assessments for those staff without a DBS check and for gaps in staff employment histories. This placed people, specifically those cared for solely by staff, at risk of possible harm.
- There were effective systems in place to oversee the quality of care. The management team monitored the quality of care and record keeping through their audit and checking systems. Home visits were also made by the management team to complete spot checks on the quality of care. For example, to check staff were wearing PPE correctly.
- Positive feedback and any areas of learning were shared with staff to help them learn and grow in their work. The positives achievements of staff were celebrated. Where staff were underperforming, they were supported by a performance improvement plan. The registered manager told us; "I am so proud of my staff and the outcomes they achieve for young people."

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

- The management team adopted an open learning culture to promote high-quality person-centred care for people. The management team spoke passionately about creating an open culture, as this created the best care environment for people.
- Staff were supported in their caring roles by an approachable management team. Staff told us that they felt listened to and their feedback valued by the management team. The registered manager told us; "[management team] always have an open-door policy" for people and staff.

- Relatives and people found the service to be open and inclusive. Relatives felt able to speak to the management team about positives and changes needed around people's care.

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 and management team understood their responsibilities in relation to duty of candour.
- The registered manager understood their duty to make statutory notifications about any significant incidents at the service to the CQC. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it.

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

- People and relatives' feedback was gathered and acted upon by the provider. People and their relatives were provided with weekly key worker sessions and weekly visits from the management team to gain people's feedback on their care and the service. This ensured that the views of people with communication difficulties was gained and valued.
- However, formal feedback systems for staff were not in place. Staff were not asked for their feedback on their experiences as an employee, such as through staff satisfaction surveys .
- Staff participated in regular staff meetings to share feedback on the service offered to people. Staff were invited to team meetings with the management team to discuss good practice and learn from improvements when these were identified.

Working in partnership with others

- The provider had not always communicated with professionals to alert them of safeguarding information.
- The service worked in partnership with other agencies and professionals to promote high-quality care for people. Professionals working with the service told us that the staff provided good outcomes for people and that staff communicated well with them about people's day to day care.
- The service valued relatives as key members in people's lives. Staff worked closely with relatives and consulted them in the decisions about people's care. Relatives told us that they felt valued by staff as an important member of people's lives.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Consistent safe recruitment practices were not in operation, this was a breach of regulation 19 (Fit and proper persons employed).