

Prospects Staff Bureau Limited

# Prospects Home Care Services

## Inspection report

Churchill House  
120 Bunns Lane  
London  
NW7 2AP

Tel: 02089525545  
Website: [www.prospects-staff.co.uk](http://www.prospects-staff.co.uk)

Date of inspection visit:  
21 September 2017

Date of publication:  
01 November 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Prospects Home Care Services provides a domiciliary care service to people in their own homes. Its services focus mainly on providing live-in care for adults of any age. At the time of our visit, the agency was providing personal care for one person. This was the first inspection of this service at this location.

The service had a registered manager; however they were on leave during the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The relative of the person using the service provided positive feedback. We found the service to ensure people's privacy and dignity were respected and promoted. The same staff member was consistently supplied to the person, which helped a positive and trusting relationship to develop.

The service supported people to express their views and be actively involved in making decisions about their care. Individualised care plans were set up from this, and the planned support took place.

There were appropriate assessments of any safety risks associated with the care package. There were enough suitable staff for the service.

Staff were provided with sufficient training and support for their care roles. The service has a sufficiently open and empowering culture, and so staff felt supported to provide care to people.

The provider had procedures in place to prevent abuse and take action if abuse was suspected. This included through appropriate staff recruitment checks, to help ensure only safe staff were supplied to visit people.

There were procedures for managing, monitoring and improving the quality of the service. This included systems for listening to and learning from people's experiences, concerns and complaints.

Whilst the provider had a broad range of detailed homecare policies, they had not been recently reviewed and updated to ensure they reflected current legislation and best practice. The company director undertook to ensure this occurred.

We have made a recommendation about implementing good practice in relation to the Mental Capacity Act 2005.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were appropriate assessments of any risks associated with the care package. There were enough suitable staff for the service.

The provider had procedures in place to prevent abuse and take action if abuse was suspected. This included through appropriate staff recruitment checks, to help ensure only safe staff were supplied to visit people.

### Is the service effective?

Good ●

The service was effective. It supported people to eat and drink enough and maintain good health.

Staff were provided with sufficient training and support for their care roles.

Consent to care was being sought in line with legislation and guidance, but we have made a good practice recommendation.

### Is the service caring?

Good ●

The service was caring. People's privacy and dignity were respected and promoted.

The service paid attention to enabling positive and trusting relationships to develop between people using the service and staff allocated to visit them.

The service supported people to express their views and be actively involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive. Individualised care plans were set up on the support to be provided at people's care visits. The identified support took place.

The provider had systems for listening to and learning from people's experiences, concerns and complaints.

## Is the service well-led?

The service was well-led. There were systems for managing and monitoring the quality of the service. The service has a sufficiently open and empowering culture.

Whilst the provider had a broad range of detailed homecare policies, they had not been recently reviewed and updated to ensure they reflected current legislation and best practice. The company director undertook to ensure this occurred.

Good 

# Prospects Home Care Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager or someone that could help would be present during the inspection.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

The inspection was carried out by one adult social care inspector. There was one person receiving a service in their home. During the inspection, we spoke with the person's relative, the staff member who provided care visits, an office staff member, and a company director.

As part of our visit to the office premises we looked at the person's care plan, risk assessments and care delivery records. We also looked at the personnel file of the staff member and the provider's policies.

## Is the service safe?

### Our findings

The relative told us there were no safety concerns in respect of care visits. Visits were never missed, and the care worker was "always early" which they appreciated.

Records showed appropriate assessment of safety risks associated with the care package. This included for the care environment, the person's mobility and any associated moving and handling needs, falls risks, and lone working. The assessments were sufficiently comprehensive. For example, the environmental assessment prompted for consideration of access, pets, lighting, flooring and fire safety. The lone working risk assessment considered the potential vulnerabilities of both the person using the service and the visiting staff. It affirmed for calling the office or 999 if needed, and not leaving the person alone if in danger until an ambulance arrived. The person's care plan consequently documented the key risks for staff to be mindful of.

The service had an appropriate protocol should care staff be unable to gain access at planned care visits or find the person not at home. This helped address any potential safety concerns arising from such circumstances. The staff member also told us of making sure the person using the service was safe during and after the visit.

As the provider specialised in supplying staff to care services, they had many trained staff who they could visit people to provide care in their own home. However, the company director explained they were not actively looking to expand their home care service. They were just supplying it where people approached them and they felt they could meet the person's needs. There were therefore enough suitable staff for the service.

We found appropriate recruitment checks had occurred for the one staff member being used to provide care in the person's home. This included identity checks, written references, and an up-to-date criminal record (DBS) disclosure. There were also documents to demonstrate the staff member was entitled to work in the UK.

The provider had procedures in place to prevent abuse and take action if abuse was suspected. Staff received training on both abuse and whistle-blowing, along with how to safely work where anyone using the service exhibited behaviours that challenged them. Policies and the staff handbook reminded staff of their duty to report any suspicions of abuse, and the involved staff member was aware of this. The handbook informed staff of responsibilities of their role, for example, for non-receipt of gifts, which helped safeguard people receiving services. The company director was aware of the service's responsibility to report any allegations of abuse to the local authority's safeguarding department, to help ensure appropriate action took place. However, they told us there had been no safeguarding suspicions to report.

Office staff informed us the service could provide people with medicines support, as all staff they employed received training on medicines. There was a policy in place for medicines management, and records such as comprehensive risk assessments were available specifically for the support of anyone needing assistance with their medicines during care visits. However, records and feedback indicated the person using the

service did not require support with any medicines, so we were not able to assess this aspect of safety further.

## Is the service effective?

### Our findings

Feedback indicated the service was effective. The relative told us, "They're very good, very helpful. The carer is excellent, he gives me a break."

Staff were provided with sufficient training and support for their care roles. The company director told us the registered manager trained staff across a broad range of subjects with support of a purchased package of care training DVDs. This included for health and safety, moving and handling, food hygiene, emergency first aid, person-centred care and diversity. Records showed these videos had been updated this year and that the staff member providing home care had received comprehensive refresher training which they confirmed as occurring in small groups of staff. There were procedures to ensure new staff received appropriate induction training. However, the company director informed us they would only supply experienced staff to people receiving care in their own homes due to the additional vulnerabilities involved. Records showed staff were also provided a handbook to remind them of key responsibilities and to support them to provide effective care.

The service supported people to eat and drink enough and maintain good health. The relative told us there were no concerns with the meal support provided. The person's care plan provided sufficient guidance on nutritional needs, and care delivery records documented when this occurred. Records showed the staff member who visited was trained on nutrition and hydration.

Records showed the service checked on any health needs the person had, to plan relevant care and support. Contact details of the person's GP and other involved healthcare professionals were requested, to be able to liaise with them if needed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the service to be working towards the principles of the MCA. Care staff received training on incorporating the MCA into their care practices. The staff member told us of ensuring they gained consent from the person before providing any care. The person's care records indicated the person had capacity to consent to their care, and they had signed consent to the care package. However, we noted the needs assessment processes did not guide the assessor on how to assess people's capacity to make specific care decisions if there was evidence of doubt they had capacity, nor what to do if that process indicated the person lacked capacity. The provider's MCA policy had appropriate principles but did not supply forms to assist with this process. We could not therefore be confident the service would follow MCA principles where people using the service had complex or high care needs. The company director told us they would review their MCA processes accordingly.

We recommend that the service seek advice and guidance from a reputable source, about implementing best practice in respect of the MCA.

## Is the service caring?

### Our findings

The relative told us their care worker was "lovely, kind and thoughtful." They said it was always the same staff member who attended, and that this person was introduced to them before they started providing care. Records confirmed it was always the same staff member visiting. Office staff informed us the staff member's experience and manner led them to believe the staff member would be a good match for the person, as the staff member was experienced and "easy to get on with." The staff member was able to give us information on the person's needs and preferences, which showed they knew the person well. This all demonstrated the service paid attention to enabling positive and trusting relationships to develop between people using the service and staff allocated to visit them.

Privacy and dignity were respected and promoted. The involved staff member gave us examples of how they promoted the person's dignity, such as by engaging with the person on arrival, asking before providing care, and ensuring the person was supported in private. They were also conscious of listening to the person's requests and making sure they were comfortable before leaving them at the end of the visit.

The service supported people to express their views and be actively involved in making decisions about their care. The relative told us managers from the service had visited to assess their family member's needs and preferences before agreeing to provide a care package. Records showed the person using the service had signed to confirm they had been involved in agreeing their care package, and that they had received a copy of the service guide. The guide provided them with relevant information about the service and how to contact the office if needed.

## Is the service responsive?

### Our findings

The service set up individualised care plans for the support to be provided at people's care visits. The care plan for the person using the service showed what their specific care needs and preferences were and what support staff were to provide. The care plan emphasised the need to provide the person with choices and to support their independence. The plan was based on comprehensive assessments of needs and risks that occurred through members of the management team meeting the person and their relatives in advance of agreeing to provide care visits. The plan therefore paid attention to such things as the person's health, their communication abilities, their mobility, and access arrangements. Care delivery records indicated the person's stated care needs were addressed.

We noted the person's needs assessment and care plan paid attention to their preferences, for example, how they wished to be addressed by staff and the time of day they wanted visits to occur. The relative told us, "They really help you; they give you whatever you want." The process also checked on whether there were any cultural or religious needs the service needed to be aware of.

The provider had systems for listening to and learning from people's experiences, concerns and complaints. The company director informed us an annual care package review would take place. We saw a comprehensive form for this purpose. Its checks included safety matters, the effectiveness of the service, and whether needs and preferences had changed. The views of the person and their relatives were key to this process, which also prompted the reviewer to remind them of specific processes such as the complaints procedure.

The relative told us managers from the service had visited to check on what they thought of the service. Whilst they had never had any concerns, they felt that service would listen and respond should any concerns arise. We noted the contract gave basic information on the service's complaints procedure were it needed. The provider had an appropriate complaints policy in place, but the company director told us there were no complaints. The policy's principles included to learn from any dissatisfactions expressed.

## Is the service well-led?

### Our findings

This service is part of a wider employment agency that the provider operates. This includes supplying care staff to care services. CQC regulates the organisation that provides the care, not those who supply them with care staff, and so our regulation of this care service was limited to any care they supplied to people in their own homes. The provider had informed us of no such services from the end of 2015 until a few months before this visit. This inspection therefore took place with only one person receiving care services. Whilst this gave us limited information on which to draw conclusions, we undertook this inspection to ensure we had some degree of up-to-date assessment of the service. However, we noted the provider was in a position to supply staff to provide care to more people in their own homes.

The service had a registered manager; however the company director told us they were on leave at the time of our visit.

The company director told us they were most proud of the service's "hands-on" approach to people using the service. The relative confirmed this was their experience, telling us, "Nothing is too much trouble for them."

The management team told us they monitored the quality of the service by regularly speaking with the person and their relative to ensure they were happy with the service provided, which the person's relative confirmed. Records showed there had also been two spot-checks of the care. Office staff explained these were unannounced visits to the person using the service, when the staff member was present to check on the quality and safety of the service. For example, these records showed checks on punctuality, having the company identification badge on display, and providing care safely and with an appropriate approach. Feedback was provided to the staff member. Given the short length of time the person had received care, these two spot-checks helped demonstrate the service was making sure high quality care was taking place.

The service had a sufficiently open and empowering culture. There were procedures in place to supervise care staff on a quarterly basis, but the one care package had not been operating long enough for this formal process to have occurred at the time of our visit. The staff member told us the office staff were approachable if they had any concerns. The provider had in the past notified us of significant incidents as required by legislation. We noted there was a contract of services in place between the person using the service and the provider. It informed the person of their rights and responsibilities, and included costs and invoicing processes.

We saw evidence of good management of the service. The company director took note of any suggestions we made during the visit, to improve the standard of the service provided. They subsequently showed us changes made as a result of the feedback, such as in altering spot-check records to include the name of the person visited. They had also contacted us in advance of this inspection, to check on the new requirement to display inspection ratings on their website.

We noted staff had signed a confidentiality form that required them to keep people's personal information

secure. The office kept such information securely, and the provider was registered with the Information Commissioner in respect of appropriate data protection practices.

We noted that whilst the provider had a broad range of detailed homecare policies, they had not been recently reviewed and updated. Therefore, whilst they provided good operational guidance, they had not been adjusted to reflect the latest legislative requirements for care services that occurred in 2014. For example there was no policy for Duty of Candour, which was new to care legislation and set expectations around the service being open and transparent in its dealing with people, particularly where accidents or injuries occurred. The company director informed us the registered manager was working on updating policies. They sent a new Duty of Candour policy shortly after our visit.