

Proline Care Limited

Proline Care Limited - 4th Floor

Inspection report

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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

Proline is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our inspection there were 54 people receiving personal care.

People's experience of using this service:

Systems to monitor the quality and safety of the service had not always been effective at identifying where the registered provider needed to make improvements. For example, care records and risk assessments did not detail how risks would be managed effectively.

People received their medicines safely and as prescribed. Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's rights to privacy and their dignity was maintained and respected by the staff who supported them. People were supported to express their views about their care. The views of people on the quality of the service was gathered and used to support service development.

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

Rating at last inspection:

The last rating for this service was requires improvement (report published November 2018). The service remains rated requires improvement. This service has been rated requires improvement (one of which was rated inadequate) for the last four consecutive inspections.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service 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 ●

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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 team consisted of one inspector.

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. At the time of our inspection the registered manager was on a training course and the assistant manager supported us with the inspection process.

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.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are

required to send us by law. We also contacted the local authority who commissioned services from this provider.

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.

During the inspection

During the inspection process we spoke on the telephone with eight people and or their relatives about their care. We spoke with seven members of staff including care staff, care coordinators, the assistant manager, registered manager and the provider.

We looked at the care records for four people who used the service and three staff files. We looked at a range of records relating to the running of the service. This included incident and accident records, auditing systems and complaints.

After the inspection

We carried out additional calls to people and staff and continued to seek clarification from the provider to validate evidence found. The additional information we requested from the registered manager was provided to us in a timely way.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. 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

- Risks assessments did not detail the measures that were in place to mitigate risks to people. For example, one person was at risk of sore skin and this had been identified as a risk, but the care records did not detail the measures in place to manage the risk. One person had specific health conditions that could present a risk to the person for example diabetes. This had been identified but the care records lacked detail about signs and symptoms staff may need to look for and what they should do to mitigate the risk.
- There were some inconsistent recordings in care records, for example one person previously required a soft diet. Staff told us improvements had been made and the person was now supported with a normal diet. However, records in relation to this gave inconsistent information about the person's risks and support needed when eating. However, the registered manager told us that records in relation to health care professionals involved in the person's care and changes agreed in relation to their care were available at the person's home.
- There was no evidence that any person had been harmed due to the lack of information and staff we spoke with had a good understanding of people's needs. A staff member told us, "The records are there for us to look at and we also build up a rapport with the person and they tell us a lot of information about their care needs. I am confident that I know the needs of the people I support."
- People and their relatives told us they felt safe and were happy with the support they received. One person told us, "The staff are very good I get on well with them and have a good relationship and can talk to them about my care needs." A relative told us, "The staff are very good they make sure [person's name] is moved frequently so they don't get sore skin."
- Arrangements were in place to ensure safety and maintenance checks took place on the equipment in use in people's homes. This ensured people's and staff's safety.

Systems and process to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew how to report any concerns they had. One member of staff told us, "I feel confident that any concerns raised are followed up by the managers. It could be a concern about a person's finances or physical abuse. Or they are running low on food and that could be a risk to the person and we would need to do something about it."
- The provider had policies and procedures in place in relation to safeguarding and whistleblowing and staff were aware of these.

Learning lessons when things go wrong

- The registered manager had a system in place for monitoring incidents and accidents and identifying trends.

Staffing and recruitment

- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people. This included Disclosure and Barring Service (DBS). This is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed.
- People's care packages varied from a few hours of care each week to complex care package arrangements. There were enough staff to support people and the registered manager confirmed to us, to ensure consistency when possible the same staff supported people.
- People and their relatives told us that new staff members were introduced to them and there had been only very occasional late calls. One person told us, "I usually get the same staff unless they are off on holiday." Another person told us, "They [staff] are usually on time. They may be running a little late sometimes because they have been delayed at another call, but they always turn up."

Using medicines safely

- Some people were supported to take their medicines. Records were completed of medication taken.
- Staff had been trained to give medication safely and confirmed to us their competencies to administer were checked regularly.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access to and wore personal protective equipment (PPE).
- People and relatives, we spoke with confirmed that staff wore gloves when required and staff told us the registered manager ensured stock of PPE was always available to them.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out an assessment of people's needs before agreeing to provide their care. The person and other relevant people were included in the assessment process. This helped to ensure the service would be able to meet a person's needs and expectations. The process included assessing people's protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- People told us they were happy with the care they received. A person told us, "I am very happy with the care and have no concerns."
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The registered manager was aware that relatives cannot make decisions on behalf of their relation unless they have the appropriate authority to do so. We discussed with the registered manager a decision that had been made in a person's care plan. The registered manager told us who had been involved in making the best interest decision however, records were not available to confirm these discussions. The registered manager agreed to ensure going forward that records would be completed for this and any future decisions ensuring they are working within the legal framework of MCA.
- There was no one being supported by the service who required restrictions on their liberty to receive care.
- Staff were trained on MCA and were able to tell us about the importance of respecting people's capacity to make choices. A staff member told us, "We always ask the person first and people can refuse care if they want to. If that happened I would record it and let the office know."

Staff support: induction, training, skills and experience

- Staff said they felt supported by the registered manager and were confident in their role. They told us they

received appropriate training including online and face to face learning.

- Spot checks were completed to check that staff were carrying out their role as requested. These checks included senior staff completing competency checks on staff's medicine administration and moving and handling practice.
- Established staff had additional training when they supported people with specific needs. For example, staff who attended people with a PEG (Percutaneous Endoscopic Gastrostomy) had training on how to manage this. A PEG is a way of introducing food, fluids and medicines directly into the stomach.
- Staff told us they had completed an induction when they were first employed, and this included shadowing experienced staff.
- A person told us, "The staff seem to be well trained. They are quite professional when they are using the equipment, they know what they are doing."

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

- Staff supported some people with meals and drinks where appropriate.
- Information about people's preferences was recorded in their care plan for staff to refer to. There was some conflicting information about the support needed by one person and this was discussed with the assistant manager at the time of the inspection and they told us this would be clarified.

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

- People's health care needs were recorded in their care records.
- Staff monitored people's health care needs and liaised with health care professionals when they were concerned about people's health. For example, they contacted GPs with people's consent. A relative told us, "They [care staff] are very good at picking up on things and letting us know. [Person's name] had a pain in their hip and the staff noticed this and they called us to let us know so we could get a GP appointment."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- A person told us, "I would give them [care staff] 10 out of 10 I am very happy with the support I get." A relative told us, "We have been very happy with the care, we have a regular staff member and feel they go over and above in what they do."
- Staff spoke about people with kindness and knew people's preferences and interests. They told us how they worked alongside family members when providing care and showed understanding and insight into the importance of carrying out their role in a sensitive manner.
- Where people had a complex package of care they had a team of regular staff. This ensured people were supported by staff who knew them well.

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

- People and relatives told us they felt staff listened to them. This made sure people had the opportunity to express their views and opinions. One person told us, "They [care staff] always ask me about my care and what I want and need doing. They are very good really and it is nice because we can also have a laugh and joke about things."
- People's care plans included information about how they would like their care to be carried out.
- Staff told us they involved people in decisions about their care. One staff member told us, "I ask [person's name] what they want to eat or drink and how they want their personal care done."

Respecting and promoting people's privacy, dignity and independence

- Staff described to us how they respected people's privacy when providing care.
- Staff told us they encouraged people to remain independent. A staff member told us, "I always get people to do as much as they can for themselves, if they can, its important."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they were provided with personalised care and support that was responsive to their needs. A relative told us, "They ask [person's name] about their care and will ring us up and ask about how things are going. They come out to the house every few months or so to update the care records." Another relative told us that their family member was in hospital for a while and the registered manager was very good at making sure things were in place including any specialist equipment needed, before their family member was discharged back home.
- Staff were knowledgeable about people's individual needs.

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 understood their responsibility to comply with the Accessible Information Standard (AIS) and told us people were asked in the initial assessment meeting regarding the format that information should be provided in.

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with knew how to raise a complaint if they needed to. A relative told us, "I did have a concern about a staff member. I told the office and they were very quick to respond and sorted everything out."
- We saw records to show that complaints received had been dealt with in line with the provider's procedures.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection. The registered manager told us they had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way and would work alongside health care professionals.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

- The providers systems and processes to monitor and audit the service required improvement. The provider's audits of care plans, including risk assessments had failed to identify these lacked specific details about some people's conditions and how staff were to mitigate against associated risks. There was also conflicting information in some care records.
- Some inconsistencies in staff recruitment records had not been identified by the provider's own auditing system. However, when we brought this to the registered manager's attention, information was clarified and confirmed to us following our inspection. Records in relation to a best interest decision for one person were not available for us to see. However, following the inspection the registered manager confirmed to us the process that had been followed and told us this would be documented.
- Staff responsible for overseeing and planning the care packages told us improvements had been made in the agency's systems since our last inspection and were continuing to be made. An electronic scheduling and care planning system was in place. Staff talked through how the system was used to monitor that care had been delivered as planned. We observed staff responding promptly to any alerts that the system identified in relation to people's care. For example, if a care task had not been completed they could quickly follow up the reason for this and if needed take some follow up action.
- There was a registered manager in post they were also the registered provider.
- The registered manager understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.

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 understood their responsibilities under the duty of candour by promoting a culture of openness and honesty.

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

- People, relatives and staff told us this was a good service and people were happy with their care. A person told us, "I have been very happy with the care and support I get." One person told us that sometimes communication could be better from the office staff if there was a change of staff member. However, all

other people we spoke with told us communication from office staff was good.

- Staff told us the registered manager was approachable. Staff spoke highly of the assistant manager who was recently appointed. A staff member told us, "They are like a breath of fresh air and they have brought a wealth of experience and knowledge to the team which we will benefit from."
- The provider conducted surveys of people who used the service. The results of the most recent survey were positive. People and relatives told us that the office would call occasionally to ask for feedback about the service.

Working in partnership with others; continuous learning and improving care

- The staff team worked with other appropriate services to ensure people received care that met people's needs.
- The registered manager worked with Local Council and commissioners.
- The registered manager continued to keep their knowledge and experience up to date. At the time of the inspection they were completing training on supporting people with behaviour that challenges. They were also qualified to train staff on safe moving and handling practice and continued to keep their qualification up to date. They were also part of the registered manager network which enabled them to share and learn from other registered providers in the area.