

Project Care Limited

Project Care

Inspection report

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Date of inspection visit:
18 May 2022

Date of publication:
08 June 2022

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?

Requires Improvement ●

Summary of findings

Overall summary

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.

Project Care is a domiciliary care service providing personal care for autistic people or people living with a learning disability in their own homes. At the time of our inspection there were two people receiving support 24 hours a day.

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

Right Support

Staff supported people to have choice, control and independence over their lives. People received their care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their needs. Each house reflected the persons interests and they had been supported to choose their furniture and colour schemes.

Staff supported people with their medicines in a way that achieved best possible health outcomes. Staff supported people to access health and social care support, which included a regular review of their prescribed medicines.

The service supported people to have maximum possible choice, control and independence. The service encouraged people to be involved fully in discussions about their care and support. People told us they always decided on their chosen activities and meals and how they wanted their care to be delivered. People were supported by staff to pursue their interests and to achieve their aspirations and goals. For example, one person was being supported to arrange a holiday.

Right Care

People's dignity and human rights were promoted, and people were encouraged to make decisions about their day to day routines. People received kind and compassionate care and staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs

Staff understood how to protect people from poor care and potential harm. Staff had training on how to recognise and report abuse and knew how to report any concerns. There were sufficient numbers of staff who were appropriately skilled to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them as staff supported them consistently and knew them well. People received care that focused on their quality of life and followed best

practice, with input from a range of health and social care professionals.

Staff, relatives and people worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

Some areas of the providers governance systems needed to be strengthened. Staff supervision and staff meetings were not in place and used to develop and motivate staff, review their practice or behaviours, and focus on professional development. However, the registered manager showed us an action plan that had identified this as an area for development with a timescale for completion.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff team. People appeared relaxed within their home and in the presence of staff. We observed them being supported to make decisions about their day that included meals, activities and health needs. Staff were respectful of people and their homes and always asked permission before they used the bathroom or had a glass of water.

Relatives told us they were fully involved in their family members care and support and they spoke of the open culture, and regular contact and visits to see their family members.

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 5 June 2019 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Project Care

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received since the provider registered the service with CQC. This included any notifications (events which happened in the service that the provider is required to tell us about). 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. We used all of this information to plan our inspection.

During the inspection

We visited and spoke with two people using the service, in their own homes, who were able to tell us about their experience of the care provided. We also had discussions with two relatives and visited the day centre which people attended daily.

We spoke with four members of staff including the registered manager, the supported living coordinator and two support workers.

We reviewed a range of records. This included two people's care records and one medication record. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We contacted one healthcare professional who was involved in the care of one person using the service for feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them. One person told us, "Yes I'm very safe. [Names of staff] look after me." A relative commented, "The carers encourage [family member] in different ways to stay safe. They have a mobile phone so they can always contact someone if they are in trouble."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Records provided guidance to staff on the measures needed to reduce potential risk. One person told us they knew about their different risk assessments and why they were in place. They said, "To keep me safe."
- People's records showed a positive risk-taking approach. This enabled people to have opportunities to try new things. For example, we saw a risk management plan for one person being supported to use public transport. They told us, "I like using the bus."
- People had a range of care and risk support plans in place which included a supported living behaviour management plan. These included information as to how staff were to respond to, and support people's anxiety and emotional distress, through effective use of communication and a consistent staff response.

Staffing and recruitment

- The provider followed their recruitment procedures to ensure people were protected from staff that may not be suitable to support them. However, this needed to be strengthened to ensure further checks were completed to make the system more robust. For example, there was no details of any health conditions relevant to the applicant's capability to do the job.
- There were sufficient numbers of staff to keep people safe and meet their needs. One person told us there was always enough staff so they could attend their chosen activities when they wanted to. A relative commented, "There is plenty of staff, my [family member] is never left alone; there is always someone there 24 hours a day."
- Rotas showed that each person always had one to one staffing and there was a small team of 11 staff who provided the care. This ensured consistency and the registered manager told us this was important to

people because it reduced their anxiety.

- People were fully involved in the staff interview process and this was achieved by supporting them to sit on the interview panel. People were matched with potential staff that had the right skills and same interests. People were involved in the discussions following interviews and were part of the decision-making process.
- Staff told us they felt staffing numbers were sufficient to meet the needs of people using the service. One said, "Staffing isn't a problem. There's always enough staff to support people."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicine safely. They followed national practice to check that people had the correct medicines when spending time away visiting family members. A relative commented, "[Family member] gets their medication on time, no problems. There has never been a mistake and they never run out and they are stored safely."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Health professionals regularly reviewed people's medicines to ensure they were appropriate for them and ensured they had a good quality of life.
- Staff had received training in supporting people with medicines. Staff could competently explain consent and best practice guidance around the administration of medicines.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE). A relative told us, "The house is always kept clean. My [family member] helps with the cleaning and the staff clean as well."
- Staff confirmed they had supplies of PPE and completed regular testing for COVID-19. These actions help to reduce the risks from infection transmission.
- The providers infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. A relative told us, "Project Care learn from each incident if they can; if there is something to learn."
- The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences. Staff told us the registered manager was open and shared learning from incidents with them, such as revised measures to reduce risks to 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 assessed before they started receiving care and support. Staff completed an assessment of people's physical and mental health needs which supported them to create a care plan.
- People had care and support plans that were personalised and reflected their needs and goals. People, those important to them and staff reviewed the care plans regularly together.
- So that each person's move into their own home, and before they started to receive supported living care was a positive experience, the registered manager said they would have a transition plan in place. This would include tea visits, supporting the person to choose their furniture and colour schemes for their home and overnight stays until they were comfortable to make the move permanent.
- A healthcare professional informed us about one person's move to Project Care. They commented, "The transfer of care from the previous team appeared seamless and did not result in any distress to the client."

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. A relative commented, "The company employs real carers; people that want to do the job not just students or people trying to earn quick money. They are well trained always."
- An ongoing schedule of training was in place, to ensure staff kept up to date with good practice. People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected because staff put their learning into practice.
- All new staff completed a thorough, comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The registered manager told us that regular supervision was undertaken informally but was not recorded. Staff told us that because the service was small the communication flow was very good; they saw the registered manager every day and there were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- The registered manager had an action plan in place, and we saw that regular, formal supervisions were included in the plan with a completion date of August 2022.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. One person told us about their favourite foods and how they were able to choose their own menu.
- People were supported to make healthy choices if they needed support with their diet and had input from

health professionals if required. One person told us proudly that they had been successful losing weight on their diet and staff celebrated this achievement with the person.

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

- People experienced positive outcomes regarding their health and wellbeing. One person said, "Yes I go to the dentist, and the doctors." A relative commented, "My [family member] has had a medical recently at the GP's surgery."
- Staff maintained good working relationships with a range of external organisations to support them in the provision of effective care and support such as people's GP's, occupational therapists and dieticians. One staff member told us they had just supported one person to book a dental appointment.
- Care plans provided a clear overview of people's health needs and the involvement of health care professionals. The registered manager wanted to introduce health action plans and increase the involvement of multi-disciplinary team meetings to improve people's care further. We saw this was on the registered managers action plan to complete by August 2022. support people with their care
- When people developed health needs which required further investigation, the registered manager was proactive in ensuring these were acted upon promptly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. People and their relatives told us how people were supported to make everyday choices, such as their clothing and activities.
- Staff had a good understanding of what consent to care means and were able to tell us how they sought consent to care and treatment.
- For people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us, "They [meaning staff] are my friends."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. A relative told us, "The staff are really caring towards my [family member] and we are very happy about them being there, because they are happy."
- The friendship between staff and people was evident and we observed positive and warm relationships between people and staff. There was a lot of banter and laughing between people and the staff.
- Care plans described people's individual daily routines, cultural needs and preferences such as the gender of staff. For example, one person using the service was supported with personal hygiene needs by female staff members only, which respected their choice and dignity.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed to make informed choices about their care. For example, one person told us the staff always explained things to them and sometimes used pictures to help with the decision-making process.
- People and their families were active partners in their care and staff empowered people to have a voice. People's individual preferences and needs were reflected in how care was delivered. For example, people were fully involved in the care planning and risk assessment process and staff spoke to people daily about their care and if they were happy.
- A healthcare professional commented, "The care for [name of person] is person centred and led by the client's choices, likes & dislikes."
- The provider encouraged and welcomed the use of advocates. Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were encouraged to do as much as they could for themselves. A relative told us, "[Family member] can be as independent as they want to be, the staff encourage that." Another relative commented, "The staff enable not disable [family member], that has always been our attitude and they are just the same which is wonderful."
- Staff told us they encouraged people to do as much as they could for themselves and to learn new skills. One staff member explained to us how they were supporting one person to use public transport.

- Respecting people's privacy and dignity was important to staff. One commented, "I always draw the curtains, shut the doors to make sure their privacy is always respected. I always keep information about people confidential." We observed staff supporting one person with a health need in a respectful manner, maintaining their privacy at all times.
- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

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

- People were central to their care and were fully involved in developing their care and support plans. One person told us they knew what was in their care plan because they had told staff what they wanted in their plan.
- People told us they felt consulted and listened to. For example, they said they were able to choose the staff they wanted to provide their care and support and they were fully involved in the interview process. One person told us who their favourites staff members were and called them friends.
- Staff demonstrated they understand what person-centred care was and gave numerous examples of how they supported people differently in line with their individual needs. For example, they talked about how they supported one person to go to the theatre because they loved musicals.
- Staff supported people to identify their goals and there were clear plans in place to help people achieve these. For example, both people were being supported to arrange and book a holiday; one person was being supported to use public transport and another was being supported with weight loss.
- A healthcare professional commented, "I found the care they give is consistently good with a regular staff team."
- Staff told us communication and handovers were effective and spoke positively about good teamwork. These all contributed to people receiving person centred care. One staff member told us, "We see each other and the manager every day at the day centre. We share information every day, so we all know what is needed and expected from us."

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.

- People's communication needs were considered as part of their assessment and their care plans fully described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- The registered manager said they could make information available in formats people could easily understand and we saw a sample of these in a folder. They included the use of symbols, easy read, large print and pictorial formats.

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 fully supported to follow their interests and take part in social activities. One person told us, "We can do lots of things we like." Both people told us about some of the activities they enjoyed, these included going to the cinema, the gym, walks, going to the theatre and collecting memorabilia.
- Staff were constantly looking for new experiences and activities for people to participate in. One staff member said, "I enjoy finding out fun things to do and making [name of persons] day better."
- People were supported to spend time regularly with people who were important to them. This included visits to their family homes as well as relatives visiting the service. One relative said, "We can visit or talk to [family member] or take them out when we want." Each person had a mobile phone so they could keep in contact with family and friends.

Improving care quality in response to complaints or concerns

- A complaints policy was available for people to access which could be made available in a different format if people required it so that people, and those important to them, could raise concerns and complaints easily.
- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures.
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.

End of life care and support

- The service supported younger people and had not encountered end of life care. People did not have end of life care plans or wishes recorded and there was no end of life policy in place. We discussed this with the registered manager, and they understood the importance of this being recorded. They confirmed they would take steps to address this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was very open and honest about what improvements were required and welcomed the inspection as an opportunity to learn. They had developed an action plan to bring about improvement. The action plan had focused on areas such as introducing spot checks, regular supervision and appraisals for staff and ensuring the recruitment process was more robust. The timescale for completion was August 2022.
- At the time of our inspection there were no staff meetings taking place. However, staff told us that because the service was small, and they met with each other and the registered manager every day communication was very good. The registered manager told us they were going to implement staff meetings as part of their actions to drive improvements.
- People and relatives told us communication was exceptional. One relative said, "We have a great relationship with [registered manager]. We speak to her on the phone and have meetings all the time to discuss any problems to try and sort things out and if she can sort it she will."
- People told us they were asked for their views and opinions all the time. One person commented, "They ask me if I'm happy, and if I'm not happy they ask me if I want to do something different."
- There were effective systems in place to monitor the quality and standards of the service. These had been used to draw up an action plan to introduce improvements.
- Regulatory requirements and responsibilities were met by the registered manager. Notification to the Care Quality Commission were submitted as required.

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

- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to have a voice, be as independent as possible and were supported to develop and flourish. One relative said, "It's not them and us, it's just us all together."
- We received very positive feedback about the service and the care people received. One relative said, "I would give them 12/10 they are that good! I can't praise them enough."
- The registered manager led by example in their interactions with people. We frequently observed the manager interacting positively with people and they demonstrated a clear knowledge of their needs. People were observed to be happy and reactive when the registered manager approached them.

- Staff told us they felt respected and valued and could raise ideas or concerns with the manager or provider. One staff member told us, "We are listened to. The manager is always available and if we have an idea they listen and action it."
- The provider had an open and honest approach when things went wrong. Relatives were positive about how open the service was. One commented, "If we have any complaints or feedback we go straight to [registered manager]. She doesn't hide anything and is always open with us."

Continuous learning and improving care

- The manager demonstrated ambition to provide people with the best possible outcomes and identified areas of improvement at the service. For example, the registered manager was in the process of developing satisfaction surveys. These were going to be sent to people using the service, relatives and staff and implementing an improvement plan based on the results of the surveys. We saw this was included in the action plan.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. For example, one person was being supported in their home, by the same staff who supported them at their day care setting. Staff noticed they were becoming uncommunicative as they felt they had nothing to say because the staff knew all about them. The provider recruited more staff, who had never worked with the person before and this had proved to be successful and had improved their wellbeing and communication.

Working in partnership with others

- The registered manager referred people to specialist services when needed, either directly or via the GP. Records confirmed the service worked closely with the dietician, the community learning disabilities team and other health professionals involved in peoples care. We received positive feedback from health professionals about the service and peoples care.
- There were links to the local community local businesses and these included local cafes, links with the emergency services and small local services visit the day centre. People using the service also use local library and leisure facilities.