

# Prospect Tree Health Care (Midlands) Limited

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## Inspection report

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## 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

This inspection took place on 01 and 03 March 2017 and was announced. Prospect Tree Heath Care (Midlands) Ltd provides personal care to people in their own homes. At the time of the inspection the service was providing the regulatory activity of personal care to 113 people living in their own homes. At the last inspection in March 2014 we found the provider was meeting all of the requirements of the regulations we reviewed.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe. Staff knew how to identify any signs of possible abuse and knew how to report any concerns. People were supported by staff to manage risks to protect them from avoidable harm. People received support from a reliable, consistent staff team. People were protected from the risk of being supported by unsuitable staff by safe recruitment practices. People received their medicines as prescribed and there were systems in place to monitor the safe administration of medicines.

People told us staff had the skills and knowledge required to meet their care and support needs. Staff received training relevant to their role and were supported by senior staff to develop their knowledge. People were asked for their consent before staff provided care and were given time to make decisions which were respected by staff. Staff were aware of people's dietary and nutritional needs which meant people were offered food that they enjoyed and which benefited their health. People were supported to access healthcare services when required and the staff team were proactive in identifying the need for specialist healthcare support.

People told us staff were friendly and kind. People made their own decisions about daily life with support from staff when required. People received care which respected their privacy and staff supported people to maintain their independence.

People and relatives were involved in the assessment, planning and review of their care. Staff were aware of people's individual needs and preferences and responded quickly to changes in people's needs. People knew who to contact if they were dissatisfied about their care and support and there was a system in place to monitor and respond to complaints.

People told us they were happy with the service provided by Prospect Tree. People, relatives and staff were all given opportunities to give feedback about the service and this helped them feel valued. People and staff expressed positive views about the registered manager and senior staff and told us someone was always available to respond to any queries or concerns. Staff told us they felt supported by the registered manager and provider which helped them provide a good standard of care. There were systems in place to monitor

the quality of care people received and these were used to identify any shortfalls in the care people received and drive improvement.

## 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.

People were protected from avoidable harm. Risks were assessed and managed well. People received support from a reliable, consistent staff team who had been safely recruited. People received their medicines as prescribed with support from trained staff.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and knowledge required to meet their needs. People were asked for their consent before carer was provided and where people lacked capacity decisions had been made in their best interests. People received support with nutrition and hydration from staff who understood their dietary needs. People were supported to access health care professionals by staff who responded without delay to any changes in people's health needs.

### Is the service caring?

Good ●

The service was caring.

People described staff as kind and caring. People were supported to make their own decisions by staff who promoted their independence. People received dignified care and their privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

People were happy with their involvement in the assessment and planning of their care. Staff knew people well and respected people's individual choices and preferences. People and relatives were confident to raise any concerns about their care

and the provider had a system in place to manage complaints.

### **Is the service well-led?**

The service was well-led.

People were happy with the service they received and spoke positively about the management team. People, relatives and staff had been invited to share their views and experiences of the service. The provider and registered manager had systems which monitored the quality of care provided and these were used to drive improvement.

**Good** ●

# Prospect Tree Health Care (Midlands) Ltd

## **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.

This inspection took place on 01 and 03 March and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to ensure that the registered manager would be available to assist with the inspection.

The inspection team consisted of 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. Their areas of expertise were physical disability and community support. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we visited two people in their homes and spoke with them and their relatives about their experiences of the service. We also spoke by telephone with four people and seven relatives. We spoke with nine staff members, the registered manager and the provider. We looked at records relating to the how the care was delivered for people who received support from the service. This included eight people's care records, three staff files and records relating to the management of the service including systems used for monitoring the quality of care provided.

## Is the service safe?

### Our findings

People told us they felt safe when receiving support from staff. One person said, "The carers look after me very well, this helps me feel safe." Another person told us, "I have never been concerned with how the staff treat me; having carers I've known for a long time mean I can trust them." Relatives also expressed their confidence in the staff team and the safety of their family members. One relative told us, "I am here when the carers come in and my [relative] has been receiving care from this agency for three years. I can honestly say I have never heard or seen anything that has concerned me in any way." Staff we spoke with told us they had received training in how to protect people from harm and knew how to report any concerns. One staff member said, "I would always ring the office if I was concerned about someone. If I was really concerned I know to contact the local authority or CQC." We spoke with the registered manager who was aware of their responsibilities in keeping people safe from harm. Where concerns had been identified they had contacted the relevant authorities so that people were protected from harm.

People received support from staff to manage risks to their safety and well-being. Risks were identified and assessed when people started using the service and risk management plans were recorded to minimise the potential risks to people's safety and well-being. Staff told us they used information in people's care records to reduce the risk of avoidable harm. One staff member told us, "We are given information about every new client and a risk assessment is carried out. This considers people's abilities, any hazards in their home and other concerns such as their nutrition and hydration". Another staff member told us how being aware of risks to people enabled them to keep them safe, "I am aware of the need to ensure the hoist is serviced regularly and how to contact the occupational therapist if we have any concerns about the safety of equipment used." Staff knew how to care for people safely and were able to explain how they supported people to manage risks, for example, with their mobility.

People and relatives told us staff were reliable and expressed their satisfaction about being supported by a consistent group of carers. People also told us staff were mostly on time for their support calls. One person told us, "I always have two or three regular carers who I've known for quite some time. They always stay for the amount of time they should do and I've never once felt rushed by any of them." None of the people we spoke with had ever had a missed call.

Staff told us and records confirmed that the provider carried out recruitment checks prior to staff starting work at the agency. We reviewed three staff files and saw they had conducted appropriate recruitment checks prior to staff starting work at the service. Reference checks, identity verification and Disclosure and Barring Service (DBS) checks had also been completed. DBS checks help providers reduce the risk of employing unsuitable staff.

People received their medicines as prescribed and told us they were happy with the support they received to take their medicines. One person said, "My carer hands me the dosette box with a drink and once I've taken them [medicines] she signs in the records to confirm that I have." Another person told us, "My carer gives me tablets morning and night. She always signs in the records afterwards." Staff told us they had received training which enabled them to administer people's medicines safely. One staff member told us, "I

completed training and then was able to observe a senior member of staff giving people their medicines. When I felt ready, the senior observed me, to make sure I was safe to support people." We discussed medicines with senior staff who told us all staff had received training in medicines. They told us, and records confirmed they carried out checks to ensure people were receiving their medicines as prescribed. This included regular auditing of medicines administration records (MAR). Staff were aware of how to report any concerns in relation to people's medicines and we saw where issues had occurred the registered manager had taken appropriate action to reduce the risk of repeat events.

## Is the service effective?

### Our findings

People and relatives told us they were confident staff had the skills, knowledge and experience to meet their care and support needs. One relative told us, "The staff have gone out of their way to understand my [relative]'s mental health condition. It means that when I'm away I never have to worry because I know they are well cared for". Another relative shared, "Undertaking additional learning about [relative]'s diabetes has helped her stay at home and living independently for longer, which is all [person's name] ever wanted". Staff told us they felt the training they received equipped them for their roles. One staff member said, "The training here is ongoing. For example, moving and handling training is refreshed every six months". Another staff member told us they felt they had benefited from receiving feedback on their practices after being observed by a senior staff member; "Spot checks mean I get feedback straight away about how I'm doing, it helps you feel supported."

Staff told us they received an induction when they first started working at the agency, which helped them to understand their role. One staff member told us, "I did 20 hours shadowing experienced staff and lots of essential training. I can contact any of the supervisors at any time to ask questions or check my practice, this is reassuring". The agency employed a training officer who worked alongside staff to offer support and guidance with the development of new learning and skills as well as keeping staff up to date with best practice. They kept their knowledge up to date by attending training events in the local area and developing strong working relationships with other professionals in the social care sector. This enabled them to respond to staff requests for additional support and knowledge and to respond quickly to any gaps in knowledge that were identified.

People told us staff asked for their consent before they provided care and support. One person said, "My carers always ask me if I'm ready for a shower, but if I'm not, they'll usually make me a drink and make my bed while they wait. They never rush me". Information about consent was detailed in people's care records and we saw people and their relatives had been involved in making decisions about their care and support. While visiting people in their homes we observed staff asking people for their consent before undertaking personal care, or assisting them with their mobility.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People's care records contained detailed information about people's capacity to make decisions about their support. Staff we spoke with had a good understanding of people's capacity and understood the importance of involving people in decisions about their care and support. We discussed the MCA with the registered manager who demonstrated a good understanding of their responsibilities to assess people's capacity and ensure any decisions made were in people's best interests.

People told us they were happy with the support they received with their meals. One person said, "My carers

make all my meals for me. They always tell me what I've got so I can make my mind up and never rush me. They will prepare whatever I fancy". A relative shared with us how pleased they were about the support their family member received from staff with their fluid intake. They told us, "For [person's name] it's really important that we all encourage them to drink. The carers are good and always make sure [name] has had at least two drinks while they are here and always leave plenty of cold water for in-between visits". Staff we spoke with were aware of people's individual tastes and preferences and told us how they encouraged people to eat and drink sufficient amounts to maintain their health. One staff member told us, "Some people need encouragement to eat and drink. We encourage them as much as possible. If they don't want anything we will wait a while and ask again. Some people just need time." People care records contained details of their dietary requirements, included low sugar or soft food diets. Staff we spoke with were aware of risks to people when eating and drinking and were able to explain how they prepared food to ensure it was safe for people.

People were supported by staff to maintain their health and access healthcare services when required. Relatives we spoke with told us staff were quick to identify any change in people's health and contacted GP's or other services without delay. One relative said, "A regular carer noticed the early onset of a condition which if I'm honest I hadn't noticed at all. We called the GP and [person's name] was taken to hospital the same day. I'm so grateful the carer spotted it, because [name] could have got considerably worse before I would have realised." Staff were able to tell us how they would identify a change in people's health needs and told us they would contact the office to report any concerns. One staff member said, "It's important to remember that people can't always tell us when they are unwell, so we have to look out for the signs". We saw from people's care records that staff had regular contact with relevant healthcare professionals including GP's and occupational therapist which helped people maintain their health.

## Is the service caring?

### Our findings

People told us they felt staff were kind and caring in the way they supported them. One person said, "My regular carers never mind doing any extra jobs for me and wouldn't dream of leaving before they've made me one more hot drink for the morning." Another person told us how their carers reassured them; "My carer always tell me not to rush because they have plenty of time. It means I don't feel guilty for holding them up." Staff we spoke with talked about people with compassion and shared examples of how they cared for people beyond completing the required tasks. One staff member told us, "One person I support likes certain things to be placed back on their bed once it's made. I know it's important to them, even though they've never asked me to do it, I always make sure it's done how they would like it". We observed staff providing support and saw they were gentle and relaxed in their approach, offering reassurance to people. People had established positive relationships with their carers and they chatted throughout their support, sharing stories and laughter. Staff member spoke with affection about the people they cared for, one staff member commented, "[Person's name] just shines. They have a brilliant sense of humour."

People told us they were happy with the way the agency introduced new carers to them and felt that this was done sensitively. One person said, "If there is a new member of staff they come round with my regular carer so I can meet them and they can watch what my regular carer does. I then have the option to contact the agency and say if I'm happy or not with the new carer, which means I don't worry if I feel we don't get on that well."

People were involved in day to day decisions about their care and support. Staff offered people choices whenever possible to ensure people felt included and supported to make decisions. For example we observed staff asking people where they would like to eat their lunch, and whether they would like to be supported to move to sit near the window, or remain where they were. A staff member shared with us how one person they supported liked to be given time before getting up in the morning, so they sat with the person, offering reassurance until they were ready to get up. Staff recognised the importance of people being supported to maintain their independence. One staff member told us, "I always ask people if they can do something for themselves because it's important to hear from them. I find giving people time helps them be more independent". Another staff member said, "One person I visit needs a lot of support, but they are able to push their arms into their clothing, so I always encourage them to do this".

People and relatives told us staff supported them in a dignified way that protected their privacy. One relative told us, "Because [person's name] lives here with us, the carers are very careful to maintain their privacy. They always knock on their door before entering and always close it again before they start personal care." Staff were able to share with us examples of how they maintained people's privacy when providing them with care. One staff member told us, "I'm always conscious when people live with their families. Their care is private and we respect this. I always cover people with a towel during personal care and make sure curtains are closed". We observed staff providing people with support in their homes and saw they treated people with dignity and respect.

## Is the service responsive?

### Our findings

People told us they were involved in the assessment and planning of their care. One person told us how their care was regularly reviewed according to their changing needs, "I have a review meeting every six months or so. We always look at the care plan because it's been changed since I first started with the agency. As I've recovered I've required less care." We found that where appropriate, relatives were also involved in the development of care plans and ensuring the care provided was up to date and reflected people's current needs. One relative told us, "We were fully involved in planning the care. A manager visited us and we were able to talk a lot about the care my [relative] needed. The manager then pulled together a care plan and once we were happy with it, my [relative] signed it. We have a copy at home and it get reviewed when we have review meetings".

Staff we spoke with told us they had access to care records which contained information and guidance about how to respond appropriately to people's needs. They understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs. One staff member told us, "We know that it's the little things that make a difference. We ask people what's important, details matter." We saw staff were aware of people's personal preferences and histories, including which television programmes they enjoyed, the names of their family members, and information about their life and employment histories.

People received care that was responsive to their needs. Care records were individualised and contained detailed information and clear guidance for staff about all aspects of a person's health, social and personal care needs. We found that people's care needs were regularly reviewed and any changes were recorded. Staff told us, and we saw, they reported any changes in people's needs to the office and shared information with other staff members. One staff member told us, "I record any changes and also contact the office. I also contact other carers who support the person to make sure they are aware of any changes." Throughout the inspection visit we observed the care coordinators receive calls about changes to people's care and support needs. This included people requiring a healthcare referral and requests to change the times of support calls to accommodate hospital visits or social activities.

People and relatives knew who to contact if they were dissatisfied with any aspect of their care. One person told us, "I know who to contact and how, but I've always been very satisfied with the service I get". A relative we spoke with gave similar feedback, commenting, "I know how to make a complaint and there's a leaflet in [relative's name]'s folder, but there's never been anything to complain about" We reviewed records relating to complaints and found the provider had responded appropriately to any concerns raised and provided details of any complaint investigations to the relevant persons. This included giving details of the Local Government Ombudsmen (LGO) if the complainant was unhappy with the outcome. On one occasion an independent person had been commissioned to investigate concerns raised by a relative. The provider told us, "It's important that we are open and transparent. We ensured the concerns were investigated by someone outside of the agency and their findings were shared with the local authority commissioning and safeguarding teams." We found that where areas for improvement had been identified through complaint investigations these had been taken on board by the provider. For example, improvements had been made

to recording systems following a complaint.

## Is the service well-led?

### Our findings

Everyone we spoke with about the service provided by Prospect Tree was positive about the care and support they or their family member received. One person told us, "Nothing is too much trouble. They make you feel like you are part of a family. I'm always being told just pick the phone up if you need us". Another person said, "The care I've gotten from the agency over the years has made the difference between me being able to stay here in the family home and live how I would like to, rather than potentially being away from my family. I cannot thank everyone enough". Staff told us they felt the agency delivered a high standard of care and they would recommend the agency to people they knew. One staff member said, "I would recommend Prospect Tree to someone needing care and as a place to work. People and staff are valued". We saw compliments the staff had received from relatives, one commented, "We have been delighted with the very professional, knowledgeable and most importantly caring service we have received".

Staff we spoke with had a good understanding of their role and told us they felt supported by the registered manager, and senior staff. One staff member said, "The supervisors, care co-ordinators and the manager are all very helpful, you feel like a family member." Staff told us they felt the registered manager and the management team were approachable and that someone was always available on call if they needed advice and support. One staff member said, "The management team are always happy to help, you can call them anytime. Even if you needed someone to come out and help you, they would be there". Staff told us they felt able to share ideas for improvements and felt these would be welcomed by the senior team and the registered manager. One staff member said, "You can talk to the supervisors, and share ideas together. I always feel like they have time for you".

The provider had systems in place to monitor the quality of care people received. The registered manager and provider reviewed records relating to accidents and incidents to identify any trends, and ensure any required actions were carried out to reduce future risks. Care records were regularly reviewed to ensure people received up to date care and call times were monitored to identify any issues with late or missed calls. Senior staff also carried out observations of staff when they were supporting people in their homes to ensure they were working to the standards expected by the company and were competent in their role. Staff confirmed these checks took place and told us they found them beneficial in terms of their learning and development.

People's views and those of their family members were sought on a regular basis. We saw evidence of feedback provided and actions taken to address any concerns. For example, where people had expressed a wish to change support call times, or received support from a different staff member. People told us they were regularly asked for their views and felt this was an important part of their support. One person said, "It does feel that they genuinely want to hear our opinion of the service, rather than asking because they have to". Another person said, "I call [staff member's name] if I need anything at all. They always say it doesn't matter that the time is, if I have a problem I just need to call". Relatives told us they were also invited to give their views on the service. One relative said, "We are asked our opinion every time we have a review meeting, we also had a survey to fill out as well".

The registered manager told us they felt supported by the provider and both were keen to identify improvements that could be made to the service. They shared with us improvements they had made since the last inspection and their plans for future development. The registered manager was aware of their responsibilities to notify CQC when certain events occurred, such as allegations of abuse. They were passionate about their role and demonstrated a strong understanding of the needs of people who used the service. They told us, "I am here because I want to make difference. We understand that life can be difficult for people and their relatives, so where people are struggling we offer as much support as possible".