

Profad Care Agency Limited

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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

Profad Care Agency Limited is a domiciliary care service providing care to people living in their own homes so they can live as independently as possible. The service provides support with personal care to people living with dementia, people with a learning disability, autistic people, people with mental health support needs, older people, people living with a physical disability and sensory impairment. At the time of our inspection there were 35 people using the service, 33 people received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Safe recruitment processes were not always followed. Appropriate references were not consistently sought and gaps in staff employment history were not always explored and documented. People were not consistently notified about changes to their rota, so didn't always know who would be coming to support them. Quality assurance systems had not identified this issue therefore action had not been taken to make improvements.

Care plans and risk assessments were in place to help guide staff how to reduce risks and promote safe care. There were systems to ensure safeguarding concerns were identified and reported. Staff knew how to keep people safe from the risk of infection including COVID-19, risk assessments were in place to reduce risks. Medicines were administered in line with people's care plans. Information on medicines in care plans was regularly reviewed and up to date, to support people to remain safe and well.

Assessment processes helped to inform people's care plans and people using the service were involved in this. Advice and guidance from health and social care professionals, to help provide people with effective care, were included in people's care plans. Staff were provided with training relevant to people's needs. People were provided with relevant nutritional support where this was part of their care.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from friendly and caring staff. Staff understood how to promote people's independence and respect their privacy and dignity. People's diverse needs and choices were respected. People were listened to and involved in their care decisions.

People received personalised care and their choices were respected. Staff knew the people they cared for and provided responsive care. People were supported with communication needs. Care was provided in a way that helped to reduce social isolation and promoted people's relationships with others. People were

able to provide feedback or raise complaints which were listened to and responded to.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 11 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 11 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Profad Care Services Limited (Derby) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Profad Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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 and specialist housing.

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 January and ended on 11 January 2023. We visited the location's office on 9 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection to help plan the inspection. We sought feedback from Derby City's Adult Safeguarding and Quality Assurance Team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of

the public about health and social care services in England.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people and 1 relative about their experience of the care provided. We spoke with 8 staff members this included 4 care staff, a care coordinator, 2 field care supervisors, and the quality assurance manager. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, and policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

At the last inspection the provider had failed to provide consistently safe care and treatment in relation to medication which was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

Using medicines safely

- At this inspection we found people were supported to take their medicines safely.
- People's medication administration records (MAR) charts had been completed in full and audited. Any shortfalls had been identified and followed up as required.
- People's care plans contained clear information regarding their health needs including medicines.
- Staff received training to know how to support people with their medicines and staff competency had been assessed.

At the last inspection the provider had failed to complete robust records to ensure that staff were suitably qualified, competent and experienced which was a breach of Regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

Staffing and recruitment

- At this inspection we noted gaps in employment history, which were not accounted for, in 2 out of 3 staff files reviewed. We discussed this with the provider who advised they were developing an employment gaps form as part of the application form for future applicants. One staff file didn't have a reference from their most recent employer or an explanation of why although they did have 2 references in place.
- Documents to support a person's right to work had been sought, where appropriate, and Disclosure and Barring Service checks had been completed and recorded. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We reviewed evidence of staff training and staff told us they felt well trained to carry out their role and supported by the management team.

At the last inspection the provider had failed to ensure that people were kept safe from abuse and avoidable harm which was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

Systems and processes to safeguard people from the risk of abuse

- At this inspection we found that there were systems and processes in place to safeguard people from the risk of abuse.
- Staff felt confident they would recognise signs of abuse and could raise concerns with the registered manager. One staff member told us, "The whistleblowing number was given to us so we could call if we didn't feel comfortable speaking to the manager. I am comfortable with the training, especially when supporting vulnerable adults."

Assessing risk, safety monitoring and management

- At the last inspection we found that risk assessments were not robust enough to mitigate risk of harm to people.
- During this inspection we found that risks were assessed, and actions for staff to take to reduce the risk of harm to people were recorded in their care plans. The provider had monitoring systems to assure themselves that people were being kept safe.
- One person's care plan contained information regarding the safe use of a hoist and sling when supported with moving and positioning. The information was up to date and provided clear guidance to staff.
- The improved training, supervision of staff and systems in place to review care plans, risk assessments and daily records meant people's safety was being managed effectively.

Preventing and controlling infection

- At the last inspection we could not see evidence that staff were trained in infection prevention control.
- During this inspection we saw that there was a record of staff completion of appropriate training, policy and procedure to guide staff practice and staff were kept updated about current ways of working relating to infection prevention control.
- The provider told us they had sufficient supplies of personal protective equipment (PPE) for staff and staff told us, "We always have enough PPE, the office staff remind us every Friday to make sure we have enough PPE, they record that you have enough and have picked some up."

Learning lessons when things go wrong

- Audits were completed and any shortfalls identified were discussed with the staff team to support with learning when things went wrong.
- Staff we spoke with understood the importance of sharing information when things went wrong and what had been learnt from this to avoid issues reoccurring.
- One staff member told us, "If an incident has happened we report it, record it, and let the office know. If there is anything to learn from it the office staff train us and tell us anything that we need to learn from incidents."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At the previous inspection we found inconsistencies in the quality of care plans and some lacked detail to help staff to support people in a person-centred way. The provider had not consistently monitored how care was delivered or responded to concerns when they were highlighted.
- During this inspection we found care plans had been reviewed and updated to reflect a person-centred approach and the provider consistently monitored care delivery and responded to concerns when they were highlighted.
- Assessments were carried out before people started using the service to identify their needs and wishes, and people we spoke with confirmed they had been involved in the assessment. We spoke with 1 person who told us, "I was involved in creating my care plan, I feel it's detailed enough and person centred."
- Staff we spoke with understood person-centred care, one staff member told us, "Each service user is different and has their way that they like things done."

Staff support: induction, training, skills and experience

- Staff received an induction, training for their role and ongoing support through supervision and spot checks.
- We saw evidence in staff files of training and induction and levels of experience were explored to ensure staff received the training and support they needed. Spot checks were recorded as completed to assess staff competency.
- Staff training records viewed evidenced staff were trained in safe moving and positioning and we observed a spot check in 1 staff members file on their practice.
- One staff member told us, "The training is very practical and interactive and the supervisor does spot checks on our work, they do a lot of spot checks."
- Staff told us they received the training and support they needed. One staff member said, "I like [Registered Manager], it is good to have a manager that is friendly and accessible. They like to check you have everything you need to do your job well."

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

- People were supported to eat and drink enough to keep them well and maintain a balanced diet.
- We observed there was information obtained during the initial assessment about support people needed with eating and drinking which was included in their care plan.
- Providing appropriate support with eating and drinking helped people to stay well and avoid other issues

associated with poor hydration and nutrition.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies including the local authority and medical professionals to ensure people received consistent, effective and timely care.
- The care coordinator told us about a person who a staff member had identified needed 2 staff to safely support. The care coordinator contacted the local authority to let them know and adjust funding so that 2 staff could support the person.
- We observed information in people's care plans which evidenced work with other agencies including information in 1 care plan on safe moving and positioning provided by the occupational therapist.

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

- People were supported to access healthcare services and support, and live healthier lives.
- We reviewed 3 people's care plans which contained information on their GP, district nurse and 1 care plan contained details on the persons chiropodist.
- One staff member we spoke with described an incident when a person had fallen and their response which included calling an ambulance. Another staff member described letting a persons' family know when there was a problem with medicines and contacting the pharmacy to order more.

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

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

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

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At the previous inspection feedback from people was mixed with some people finding staff to be caring and one other having concerns about the way care staff spoke to their relative. Information regarding people's equality and diversity needs was not always included in their care plans.
- During this inspection we found people were well treated, supported respectfully and equality and diversity considered.
- When the initial assessment was completed people were asked about their religious, spiritual and cultural beliefs. This information was recorded in people's care plans to inform staff of any specific support the person needed.
- Information on people's relationships, hobbies and previous career was included in care plans which supported staff with understanding the person as an individual.
- We spoke with one staff member who told us, "As staff we always make sure we treat someone like your Mum or yourself. Put yourself in their situation. Be patient, be encouraging, be understanding, listen to them, give them the right to make their choices and respect that."
- One person told us, "Staff are lovely, they really are, things have all been ok of late, they've all been great."

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

- People were supported to express their views and were involved in decision making regarding their care.
- We observed that processes to obtain feedback had been implemented and that information received was used to make improvements.
- We reviewed quality monitoring information which included a telephone monitoring form for 1 person which asked the person for feedback on staff, the quality of their care and any improvements they could suggest.
- The compliance manager showed us a guide which was provided to people when they started the service which included contact details for advocacy services, the office, local authority and the CQC.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, their privacy observed, and independence promoted.
- Care plans contained little information to guide staff in relation to respecting and promoting people's privacy and dignity, which we discussed with the management team during the inspection. However, this had not negatively impacted on people receiving support.
- One staff member told us "We encourage people to do anything they can do if they are able, we protect

their dignity, they are human beings first and their rights and dignity must be promoted."

- People who used the service all told us that staff were respectful and considered their dignity, privacy and independence. One person told us, "I'm quite independent, staff are really good, they don't take over and they wait and give me time to do things for myself so I can still do them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People were provided with person-centred care, people's choices were respected and care met their needs and preferences.
- People told us they had been involved in their assessment, care planning and reviews and we observed evidence of this in care plans.
- People told us they had choice and control and their needs were met. One person said, "I had to alter the times staff were coming. They got in touch with the council and I've got another half hour now for help with dinner."

Meeting people's communication needs

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

- At the last inspection we gave the provider feedback about ensuring people had access to information in a format appropriate to them.
- The service now offered people information in appropriate formats, which we saw evidenced in the service user guide, which advised that information could be provided in different languages.
- People's communication needs were included in their assessment and we observed information in the office regarding the service providing people with information in an accessible format.

Improving care quality in response to complaints or concerns

- There were processes in place to manage and respond to concerns and complaints and a policy was in place to support this.
- People were provided with a guide at the start of their service which contained information on how to make a complaint. People told us they knew how to make a complaint and would phone the office if they had any concerns or speak to staff.
- One person told us, "They do ring me from the office now and again to check I'm happy and that's really good."

End of life care and support

- Care plans and assessment documents had been reviewed and updated to ensure consideration was given to people's end of life care wishes.
- The field care supervisor told us end of life plans were considered at assessment, "We recently had one

person referred to us who required end of life support. We received information from local authority that explained what was needed which we included in the care plan and family were present during the assessment to contribute."

- Whilst the service wasn't currently supporting anyone with end of life care staff had received training on this and we observed training certificates in staff files.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

At the last inspection the provider's failure to ensure effective governance and leadership including failure to have clear and concise records in all areas to monitor and manage the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During the previous inspection we found that management lacked oversight of the service as checks to be able to assure themselves that staff were delivering good quality, person-centred care were not in place. There was a lack of evidence that the risk assessments completed protected people from harm.
- At this inspection we saw evidence of sustained management oversight, quality assurance processes were implemented and embedded, risks managed effectively, and staff were clear about their roles.
- Daily records of people's care and MAR charts were reviewed, and any issues addressed. There was evidence that any significant concerns were reported appropriately, and notifications made as required.
- The provider had considered risk. We reviewed a document which showed a list of people using the service, the type of support required, and whether there was support provided with medicines. This was used to create a risk rating which supported the coordinator to safely plan people's support e.g. in the event of a staff member being off sick at short notice. Risk assessments were present in the care plans and provided information on action for staff to take to reduce risk of harm to people.
- The field care supervisor told us, "We have support from the quality assurance team. If we find any issues we call the care staff, relative or service user to address any concerns." Quality assurance systems supported a proactive approach to risk management.
- Staff were clear about their role and responsibilities, the part they played in the service, and who to contact with any concerns.

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

- At the last inspection we found that the service did not promote a positive culture that was person-centred and achieved good outcomes for people.
- During this inspection we found inconsistencies in how the service promoted a positive culture and provided person-centred, inclusive and empowering support.

- People spoken with told us they didn't receive a rota, their regular care staff didn't always come for the visit and they weren't told who was coming. One person told us, "Someone knocks on the door and comes in, I look at them and I say who are you?"
- Poor communication with people about their rota was not person-centred but people we spoke with all stated that the care staff were good despite not knowing them. We spoke with the provider about these issues who told us all people could access their rota through a mobile app. The provider advised they would send out further communication to people regarding this and make alternative arrangements for people who did not wish, or were unable, to use the app.
- Improved oversight, actions and learning from incidents at the service demonstrated that the management team understood the principles of good quality assurance and how this improved 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

- The provider understood the duty of candour and was open and honest with people, relatives and external stakeholders.
- The registered manager made the necessary notifications to the CQC, and other agencies, when relevant incidents had occurred. It is the provider's legal responsibility to notify the CQC about specific incidents; such as deaths, serious injuries, or allegations of potential abuse etc.
- This open and honest approach was shared by the staff team. The care coordinator told us, "Transparency in this field is so important. I have learnt if anything happens to state it clearly, don't colour with your own interpretation, and speak truthfully so everyone can work together to get things right."

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

- The provider engaged with all stakeholders and gave full consideration to people's equality characteristics.
- People told us they were involved in reviews which we saw evidenced in care plans. Care plans also documented equality characteristics unique to the individual. We reviewed evidence of telephone calls made to people to obtain feedback on the service.
- Staff told us they were involved in team meetings and they received email updates from the management team.

Continuous learning and improving care

- The provider fostered a culture of continuous learning and improvement of care but this was not always documented clearly.
- Staff told us there was discussion regarding incidents, and reflection on what happened, but we did not find clear evidence of learning from incidents, how this was shared with the staff team and used to improve care. We discussed this with the provider to ensure documentation evidenced this in future.
- We spoke with 1 staff member who told us, "If an incident has happened we report and record it. If there is anything we can learn, the office staff train us and tell us anything that we need to learn from incidents."

Working in partnership with others

- The provider worked in partnership with others including people and relatives, staff, health professionals, the local authority and CQC.
- During the inspection we saw evidence of contact with people's GP, pharmacy, family and local authority.
- Working in partnership with others supported with ensuring there was effective communication between the provider and other stakeholders and people's holistic care needs were addressed.

