

Profad Care Agency Limited

# Profad Care Agency Limited

## Inspection report

74 Babington Lane  
Derby  
DE1 1SX

Tel: 01332955639  
Website: [www.profadcareagency.co.uk](http://www.profadcareagency.co.uk)

Date of inspection visit:  
29 April 2022

Date of publication:  
11 July 2022

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# 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 to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, physical disability and sensory impairment. At the time of our inspection there were 27 people using the service. CQC regulates the personal care and support. 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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Risks were not effectively assessed and mitigated. Care plans and risk assessments had not been reviewed or updated regularly as people's needs had changed.

Medicines were not always managed or monitored effectively. We saw gaps in medication recording which had not been followed up on to ensure people remained safe and well and were given their required medication.

Staff were not always recruited safely. There were several documents missing from the recruitment and selection process to check if staff were suitable to work at the service.

The quality of care plans was variable and although people told us they had been involved in care planning, none of the documents we reviewed confirmed this.

Relatives told us people did not always receive care from friendly and caring staff. Staff understood how to promote people's independence and respect their privacy and dignity.

People were encouraged to give feedback on the service and the provider, however people told us they did not always feel that concerns were investigated and resolved.

There was no effective management oversight throughout the service. The provider did listen to advice from the feedback throughout the inspection and began to make changes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The service was registered on 12 November 2019 and this is the first inspection.

## Why we inspected

The inspection was prompted in part due to concerns received about peoples' care, staffing and management oversight. A decision was made for us to inspect. Due to this being the first inspection, we examined those risks as part of a comprehensive inspection.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safeguarding, recruitment and oversight and governance. Please see the action we have told the provider to take at the end of this report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider and work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect. The provider is not currently delivering a service to people and they will be making improvements to enable them to manage and monitor the service more effectively.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

Details are in our Safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our Caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

# 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 April 2022 and ended on 13 May 2022. We visited the location's office on Friday 29 April 2022. The inspection was delayed from the original notice period because the provider was having work carried out on the offices.

#### What we did before the inspection

We made phone calls to four people using the service and four relatives of those using the service. We

reviewed policy documents which we had requested from the provider. We reviewed information we had received about the service since it first registered with the CQC. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with the regional manager, the quality and compliance manager and two staff members.

We reviewed a range of records. This included relevant parts of four people's care records and medication records. We looked at three staff files in relation to recruitment, staff supervision and competency assessments. A variety of records relating to the management of the service, safeguarding file, policies and procedures were reviewed. We received feedback from two staff members, four people who use the service and four family members by phone as recorded above. We continued to seek clarification from the provider to validate evidence found. We looked at training data and other information the provider sent to us.

# 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 inadequate. 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.

### Using medicines safely

- Medicines were not always administered and managed safely.
- Medicine administration records (MAR) lacked detail. There were written entries of the medicine and the dose, but hand-written entries were not signed by two members of staff. There was crossing out making information unclear. The records were not always initialled by staff who had given the medication and there was no record of if a dose was not given or was refused and the reason why. This posed a risk of harm to people not receiving the correct medicine on time.
- There was a paper and electronic system to record when medication was given but there was still evidence that medication was being missed.
- Not all staff had received effective training in medication and been assessed as competent. One staff member told us they had not been assessed as competent to administer medicine.
- People did not have clear information in their care plans for use of "as and when required" medication.
- One family member told us, "Relative has meds three times daily, carers do give meds but visits vary so greatly, meds are often not given on time. We have had issues with tablets not being given, finding tablets on the floor."

The failure to effectively manage and monitor medicines was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- People were not always kept safe from abuse and avoidable harm.
- One professional told us there were concerns regarding moving and handling practices which put people at risk of avoidable harm. One member of staff had not used equipment to carry out this task, this equipment had been assessed by a professional as required for this person to safely move from chair to bed, this put people at risk of injury.
- One family member told us there were concerns regarding how the provider had responded to their relative being missing from home. The procedure was not followed by the on-call manager which put the person at risk of avoidable harm.
- Staff training records identified not all staff had been trained in safeguarding adults.

The failure to ensure that people were kept safe from abuse and avoidable harm was a Breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Two staff we spoke to told us they had received training in safeguarding, knew how to spot the signs of abuse and would report any concerns if they suspected abuse. However, the manager had not always submitted the required notifications to ensure these were investigated.

#### Staffing and recruitment

- Staff were not always recruited safely. There were documents missing from the recruitment process including a second reference and proof of identity in one file. Recruitment documents were not always completed including interview notes and gaps in employment not accounted for.
- Training records were incomplete, and there was no evidence of checks of staff competency. Staff files contained no evidence of probation meetings or records or staff supervision.

The lack of robust records to ensure that staff were suitably qualified, competent and experience was a breach of Regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff files we looked at had criminal record checks completed.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were assessed by the provider. However, the risk assessments were not robust enough to consider how risk could be mitigated.
- The provider did not have sufficient monitoring systems in place to assure themselves that people were being kept safe.
- There was a system in place for staff to visually check items of equipment based in people's homes and risks to the environment. We could not see where staff had received training to enable them to effectively check equipment or how to recognise when an item was faulty.
- The provider acknowledged there were improvements to be made and was proactive in obtaining feedback and learning lessons from incidents and complaints. However, a more formal process of recording this was required.

#### Preventing and controlling infection

- The provider told us they had enough personal protective equipment and staff had been trained in infection control. However, from the training records we reviewed we could not see evidence that all staff had effectively been trained in infection prevention and control, personal protective equipment and COVID-19.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There were inconsistencies in assessments and care planning in a person centred way. Those that had taken place more recently contained poor poor-quality assessments and lacked detail. Whilst longer term care plans contained a lot of information to help staff support people in a person-centred way, more recent care plans were incomplete and lacked any person centred information about how the person liked to be supported.
- The manager was aware of the issues with care plans and had met with the quality and compliance manager and created an action plan which they had shared with us.
- Although people told us they had been involved in the development of their care plans, this was not always reflected in the care planning documents.
- The provider had not consistently monitored how care was delivered or responded to concerns when they had been highlighted.

Staff support: induction, training, skills and experience

- Staff did not always receive effective support, induction or training to enable them to carry out their role. Records showed incomplete training and induction forms to assure staff were properly trained and equipped to carry out their role.
- In the last four months supervision was not being carried out regularly. Staff told us they did not receive regular supervision and the staff files reviewed supported this. This meant staff were not given appropriate support and guidance to identify any additional training they may need.

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

- People using the service and relatives told us staff would support them to access healthcare services if needed or contact a relative to do this. One relative told us "They'd probably phone the doctor first then me."
- However, care planning and relevant documentation, did not always contain enough information to cover this aspect of care to demonstrate that people were supported to live healthier lives.

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.

- People's care plans included details of whether they had consented to care and treatment. However, not all documents had been signed and dated, so there was a risk about the validity of these documents. There were capacity assessments in people's files where necessary as well as information about Lasting Power of Attorney (LPA).

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

- Staff supported people to prepare meals and drinks when they were required to. However one family member told us about their relative, "Doesn't eat a lot, I ensure freezer is always well stocked, but none of the freezer meals been touched, they just use cold things out of the fridge, like sausage rolls."
- Not all staff had completed training on nutrition and hydration training, which considering the risk to people and given the above quote, is recommended in line with the NICE Guidelines.

# 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 requires improvement. This meant people were not always 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

- The feedback from people using the service and relatives was mixed.
- One person told us, "When I have a day of struggling with pain, they are very understanding. I've actually said to them a few times how much they've cheered me up."
- People's equality and diversity needs were identified by the provider as part of the initial assessment process. This information was then used to inform the person's care plan which was used by staff as a guide for how to support the person. However, they were not always completed in full or reviewed regularly.
- One family member told us, "[name] tells me carers do not speak nicely to them. One night, I listened from behind the door, one carer's tone was not nice, when I challenged them, they said it wasn't me." This concern was shared with the provider.
- One person told us, "Best thing is the carers, they are so nice, so kind to me and believe me, good carers are very hard to find these days."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider had processes in place to obtain feedback from people about the care they received. This needed further work so it was completed regularly and people received a meaningful response about how the feedback was used to make improvements.
- People told us staff and management were approachable and they could express their views to the provider, one person told us, "Yes, I think they do listen, I mean people all have different views but I think they listen."

# 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 as requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider did not always recognise and respond appropriately to concerns. We saw a complaints policy and procedure; however, this had not consistently been given to people using the service.
- One family member told us, "I do know what to do to raise a complaint, but don't have the confidence the agency follows up when concerns are raised. Not sure they have procedures in place to check up on things".
- Not all people, and their relatives knew, how to make a complaint or give feedback to the provider about their experiences of care and support. One person told us, "Have been told, half-heartedly, how to complain. Told them I don't like going to bed at 7 o'clock at night. Carers come at 8.30am - 9am in the morning so I asked if they could come later, they said 'No' because everyone has a set time and it can't be changed."

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

- Feedback from people using the service and relatives was varied and evidence showed that a consistent process for planning person centred care was not followed.
- Some people, and their families, were involved in developing their care plans. Their needs were identified, and their choices and preferences documented. However, assessments were not always completed in full and care planning had not been regularly reviewed which meant that they may not reflect the current needs of people using the service.

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.

- One of the care plans reviewed contained a hospital passport. This was in an accessible format but not in line with the person's needs. During the inspection we gave feedback about providing information in an appropriate format.

End of life care and support

- There were no end of life care plans in the documentation we reviewed. We discussed this with the provider who told us they would be updating all care planning and risk assessments and would also develop plans for end of life where people were happy to discuss their wishes.

# 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 inadequate. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was not based at the service however, there was a manager on site who oversaw the day to day running of the service. At the time of inspection this manager had been in post for 5 months but was out of the business during our visit.
- Management lacked oversight of the service because they didn't have the checks in place to be able to assure themselves staff were delivering good quality, person centred care.
- The locations management team had not recognised the concerns we identified regarding poor medicines management, poor recruitment processes, out of date training records, and poor practice putting people at risk of harm.
- The manager failed to understand risk in a meaningful way, for example, there was a lack of evidence that the risk assessments completed protected people from harm as there were no clear actions recorded to reduce risk in the documents we reviewed.
- The quality and compliance manager for Profad Care Agency told us the organisation does have robust systems to support with oversight and identify any risks. These systems needed to be implemented and embedded at the service by the current manager with the support of the regional manager and quality and compliance manager.

The 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.

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

- The service was not always well-led and did not promote a positive culture that was person-centred to achieve good outcomes for people. The provider and compliance manager took on board our recommendations and made plans for improvements from the feedback we gave. They acknowledged that they would provide the service with additional support to address these issues.
- One relative told us, "[name] and family were involved but there's been such massive staff changes since setting up the plan. Someone sat down with [name] four weeks ago, didn't tell us it was a review."
- One person told us their support was not at a time that supported their choice and they had been told they could not change this, this was not person-centred.
- There was a lack of continuous learning and improving care, however, the management team

demonstrated they were open to suggestions for improvements.

- The provider accepted that documents required more work to make them robust and fit for purpose.
- The lack of oversight, actions and learning from incidents at the service demonstrated that the management team did not understand the principle of good quality assurance.

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 had not always 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.
- One relative told us they understood that mistakes are human nature but they felt there seemed to be a lack of understanding of the impact on family life.

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

- The previous manager had sent out surveys but they hadn't been completed this year.
- One person told us they had been engaged with and their opinion had been sought about their care, "They talk to me and my partner, ask us how things are."
- The quality and compliance manager told us they took equality characteristics into consideration when delivering care to people and preparing care planning.

Working in partnership with others

- The provider told us they had established effective links with external professionals including healthcare specialists and GP's. Staff told us they contact colleagues in Local Authority to discuss changes in people's care packages. However, there was no evidence of this within the records we viewed during inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to effectively assess and mitigate risk to ensure people receive safe care and treatment, to have robust medication procedures put people at increased risk of harm.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Failure to ensure effective systems and processes were in place to protect people from abuse and improper treatment. This placed people at increased risk of harm
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Failure to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the services provided to people.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Failure to ensure that staff were recruited safely and had received induction and training to meet the needs of people receiving support.

