Prof-Care 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?	Requires Improvement
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 17 May 2018 and was announced. The registered provider was given short notice of our inspection. We did this because the service is small and the registered manager was sometimes out of the office and we needed to be sure that they would be available.

Prof-Care is a small domiciliary care service registered to provide personal care for people living in their own homes in the community. At time of the inspecton the service was providing support to 21 older people.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission 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 received care from the same group of care workers and were introduced to any new staff who would be supporting them. Relatives told us care workers turned up on time and stayed the full amount of time stated in their family members care plan.

People we spoke with were very satisfied with the quality of care they had received and made positive comments about the staff. Comments included, "I think they [staff] are doing a wonderful job" and "Brilliant, the best I have ever had."

Relatives we spoke with were very satisfied with the quality of care their family member had received. Some relatives told us they had recommended the service to others. Relatives also made positive comments about the staff and the senior managers.

We saw there were sufficient staff to provide regular care workers to people using the service.

We saw people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence.

There were robust systems in place to ensure people received medicines at the time they needed them.

We saw people's care plans required more detail about people's personal preferences. Care plans were regularly reviewed.

People were supported with their health and dietary needs, where this was part of their plan of care.

Staff underwent an induction and shadowing period prior to supporting people on their own. We saw there was a robust system in place to ensure staff received regular updates to their training.

People we spoke with told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, we found that some care staff we spoke with did not have a good understanding of the Mental Capacity Act 2005.

All the people and relatives we spoke with told us that any concerns raised were taken seriously and appropriate action taken.

People and relatives we spoke with knew who the nominated individual and registered manager were and spoke highly of them and the service as a whole.

There were regular checks completed by senior staff to assess and improve the quality of the service provided.

The service actively sought the views of people and their representatives to continuously improve the service.

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 we spoke with told us they felt "safe" and had no worries or concerns.

We found there were arrangements in place to ensure people received medicines at the right time.

We found there were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan.

We saw care plans did not contain enough information about people's personal preferences or an account of the person. This showed the initial assessment of people's needs required improvement.

We found that some care staff we spoke with did not have a good understanding of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

Relatives made positive comments about the staff and told us their family member was treated with dignity and respect.

Staff enjoyed working at the service. Staff were able to describe how they maintained people's privacy and dignity.

Is the service responsive?

Good

People were supported with their health and dietary needs, where this was part of their plan of care.

Care staff were able to describe the steps they would take if a person became unwell to ensure they received medical assistance if needed.

People and relatives were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

Is the service well-led?

Good

The service was well-led.

People and relatives made positive comments about how the service was run and the registered manager.

There was clear leadership in place, the nominated individual and the registered manager supported people who used the service.

There were processes in place to ensure the quality and safety of the service were monitored.

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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 17 May 2018. The registered manager was given short notice of our inspection. We did this because the registered manager was sometimes out of the office and we needed to be sure that they would be available. The inspection team was made up of an adult social care inspector and an assistant inspector.

We gathered information from the local authority 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. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the registered manager, the nominated individual, the care coordinator, and two care staff. We spoke with three people and seven relatives by telephone to obtain their views about the service. We looked at a variety of records including people's care plans, medication administration records, people's daily records, staff records and auditing, which had taken place across the service.

Good

Is the service safe?

Our findings

People we spoke with did not express any worries or concerns about their safety and told us they felt 'safe'. People told us they were introduced to new staff before they started providing support.

We reviewed a sample of staff rotas and saw people were supported by regular care workers so they received continuity of care. All the people and relatives we spoke with did not have any concerns about the staffing levels at the service. People told us the care workers turned up on time and stayed the full amount of time stated in their care plan. One person said, "They do what they have to do and do it well."

All the relatives we spoke with confirmed their family member was supported by regular care staff. Comments included, "They [staff] arrive on time, they do all the tasks," "They are lovely" and "It is the same care workers." Relatives told us their family member had not experienced any missed calls including when there had been adverse weather conditions. One relative said, "In all the bad weather, they were very good."

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence. This included an environmental risk assessment.

We found there were satisfactory arrangements in place for people who had monies managed by the service. The registered manager told us only a few people using the service were provided with a shopping service. Staff used a financial transaction sheet to record any purchases for the person, a receipt was retained and the person was asked to sign the sheet. There was a process in place to check these records on a regular basis. We saw the service's policy about handling people's monies would benefit from being reviewed, so it included full details of the procedure for staff to follow. We shared this feedback with the nominated individual and registered manager.

We saw a recruitment and selection policy was in place, but it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which must be available to demonstrate fit and proper persons have been employed. We spoke with the nominated individual and registered manager registered manager and they assured us this would be updated.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, interview records, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Some people using the service were supported with medicines. Relatives whose family member required

support with medicines told us their family member received their medicines at the right times. This included medicines that needed to be given at set times during the day and were time critical.

We saw that people's medication administration records (MAR) were collected on a regular basis from their homes. This meant the registered manager could complete regular audits of people's MAR's had been introduced at the service, to look for gaps or errors and to make sure full and safe procedures had been adhered to.

We saw there was a lack of information available to guide staff on when to administer some medicines which were prescribed to be taken only "when required" and for some topical medicines (creams). This personalised guidance helps to ensure people are given medicines safely and consistently. For example, a topical medication administration record provides guidance to staff on the body site, the frequency of application and the amount to be applied. We shared this information with the registered manager; they assured us this would be put in place.

We noticed that some people using the service had been prescribed medicines that needed to be administered before food, with food or after food. For example, we saw one person had been prescribed one medicine that need to be taken a minimum of thirty minutes before food for best effect and another medicine that required it to be taken with food. After discussing this with nominated individual and registered manager, we saw the arrangements in place would benefit from being more robust. They assured us that they would review the arrangements in place for any person prescribed medicines that needed to be taken prior, with or after food.

Systems were in place for staff to record any events such as accidents and incidents, complaints and concerns. A copy of the relevant forms were kept in people's care plans. The registered manager provided us with an example of how the service had learnt from an incident in 2017. As a result of an incident the nominated individual had undertaken training to enable them to provide moving and handling practical training to staff. This showed the service learned from such events. This reduces the risk to people and helps the service to continually improve.

Relatives and people we spoke with did not raise any concerns about infection control. Some relatives we spoke with told us they had observed staff using gloves and aprons appropriately whilst supporting their family member.

Requires Improvement

Is the service effective?

Our findings

All the people we spoke with told us they were very satisfied with the quality of care they had received. Comments included, "I think they [staff] are doing a wonderful job" and "Brilliant, the best I have ever had." People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan. We saw people were supported with their dietary needs, where this was part of their plan of care.

All the relatives we spoke with were satisfied with the quality of care their family member had received. Comments included, "Excellent, no complaints at all," "These have been absolutely wonderful," and "They are brilliant regular care workers."

Staff had a good knowledge of people's individual health and person care needs. They could describe the preferences of the people they supported. However, this knowledge was not reflected in people's care plans. People's care records showed that people had a written plan in place with details of the care tasks required. We saw care plans did not contain enough information about people's personal preferences. For example, staff could describe how the person liked their tea and the food they liked, but these preferences had not been included in their care plan. We also saw some care plans did not contain an account of the person, their personality and life experience, their religious and spiritual beliefs. This information is used to inform their care and ensure that it is provided in a positive and person-centred way. This showed the initial assessment of people's needs required improvement.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The feedback received from relatives and people told us people were being supported to have maximum choice and control over their lives. Care staff we spoke with were able to describe how they involved people in making decisions about their care. However, we found that some care staff did not have a good understanding of the Mental Capacity Act 2005 (MCA). Although we saw this had not impacted on people using the service, it is important that all staff have a good understanding of the Act. The service's training matrix also showed some staff had not completed MCA training. The nominated individual showed us evidence that they were completing a course to become a trainer in the Mental Capacity Act 2005 on the 25 May 2018. Once they were trained they would deliver training to the service's staff and ensure staff had access to the relevant policies.

The care coordinator showed us the service's training matrix. This showed there was a robust system in place to identify when staff required updates to their training. We saw that staff had completed a range of training including infection control and safeguarding training. The nominated individual had undertaken train the trainer courses in the management of medicines and moving and handling people. So training in house was provided in these areas.

Staff underwent an induction and shadowing period prior to commencing work. Staff who had not worked in care before completed Care Certificate training. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care staff since April 2015.

All the people and relatives we spoke with felt the staff were well trained and able to meet their needs. Comments included, "Very competent and well trained" and "They do very well and have a good understanding." We saw that staff competency to administer medication was checked during their induction and on an annual basis. These checks helped keep people safe and identify any staff training needs.

We saw staff working at the service received supervision and an appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We saw evidence in staff files that spot checks were undertaken to observe staff practice. Spot checks are visits, which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

Good

Is the service caring?

Our findings

People we spoke were consistently positive about the caring attitude of the staff. People told us they were treated with dignity and respect. Some of the people we spoke with described how staff maintained their privacy and dignity. For example, making sure they were covered appropriately with a towel. One person described how care staff were unobtrusive as possible and respected that it was their home.

People made very positive comments about the staff and the senior managers. Comments included, "Absolutely excellent, very considerate, very kind," "Several of them [staff] make me laugh," "[Senior carer] is excellent" and "I like them all [staff]."

Relatives we spoke with told us their family member was treated with dignity and respect. Relatives made very positive comments about the staff and the senior managers. Comments included, "We have a good laugh with them [staff], they are friendly and chatty," "She is very fond of [senior carer, care staff member and the registered manager]" and "Best carers and patient."

It was clear from our discussions with the registered manager, the nominated individual and the care coordinator, that they knew people who used the service really well and were able to describe each person's individual needs. The nominated individual and registered manager carried out people's initial assessment when they started using the service. They also monitored the quality of care provided to ensure it was meeting people's needs.

Care staff we spoke with told us they enjoyed working at the service. We saw staff had the right skills to make sure people using the service received compassionate support. Staff had enough time to enable them to understand people's care and support needs, wishes and choices.

Each person using the service had been given a service user guide. We saw the information provided to people using the service did not include any information on advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. We shared this information with the registered manager and nominated individual. They assured us this would be put in place.

Good

Is the service responsive?

Our findings

The service's main office was open five days a week from 9am to 5pm. The service operated an on call service in the evening and at the weekends. People and relatives we spoke with told us any calls were responded to promptly and effectively by staff. Some of the relatives we spoke with gave examples of when staff had responded to requests to changes to their family member's care. For example, one relative described how their family member's call time needed to be altered to enable them to attend a hospital appointment. They told us they contacted the nominated individual and they reorganised their call time.

Relatives we spoke with told us they were fully involved in their family member's care planning. They also told us they could request their family member needs to be reviewed if they had identified a change in need. They also told us the service responding well to people's change in needs.

The registered manager provided us with examples where the service had informed the local authority assessment and care management team about any concerns about a person's wellbeing or change of needs. For example, a person's mobility and dexterity had reduced so the person needed more time to be supported to eat and complete their personal care routine.

At the time of the inspection no one was being cared for at the end of his or her life. The registered manager and nominated individual told us if they were approached to care for a person who was at the end of their life they would work with other healthcare professionals to ensure the person had a comfortable and dignified death.

The service promoted people's wellbeing by supporting people to go out into the community, where this was part of their plan of care.

The Accessible Information Standard 2017 aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People who had a sensory impairment told us staff communicated well with them. One relative we spoke with described how well staff communicate with their family member who had a speech impediment. We saw the service would benefit from having more documentation available in different formats. For example, documentation in large print. An easy read service user guide for potential service users with learning disabilities We shared this feedback with the registered manager and nominated individual.

The registered provider had a complaint's policy and process in place. A copy of the complaints process and complaints form was included in people's care plans. We saw the complaints policy did not include the full details of the relevant ombudsman people could contact if they were dissatisfied with the outcome of their complaint. We shared this feedback with the nominated individual and registered manager.

People and relatives we spoke with told us any concerns or complaints they had were responded to positively and effectively by the nominated individual and registered manager. Relatives comments included, "Any little problem [nominated individual] sorts it out" and "We just ring [nominated individual]

and we sort it out."

The nominated individual told us they had received a complaint in April 2018. We saw the records about the complaint had not been included in the service's complaints file. Following the inspection the nominated individual sent us a copy of the complaints form and the response sent to the complainant. We saw that a number of actions had been completed in the course of the investigation to minimise the risk of any concerns being repeated.

Good

Is the service well-led?

Our findings

People and relatives we spoke with made positive comments about the registered manager and nominated individual. One relative said, "[Nominated individual] is so kind."

All the people and relatives we spoke with made positive comments about the service. Some relatives we spoke with told us they had recommended the service to other people looking for support. The feedback we received showed the service was consistently well managed and well led. The leadership and culture of the service promoted the delivery of high quality care. The service defined the quality of the service from the perspective of the people using it.

We saw the registered manager and nominated individual genuinely welcomed feedback and could demonstrate what action had been taken in response to feedback. The service had been working closely with the local authority to improve the governance at the service. We saw systems and processes had been introduced at the service as a result of this. For example, we saw there were arrangements in place to regularly collect people's medication administration records and financial transaction records for them to be checked. We saw the quality of these checks had been improved since they were started. We noted the service would benefit from completing a regular overarching review of safeguarding, complaints, incidents to ensure any trends were identified. We shared this feedback with the nominated individual and registered manager.

We saw there was a strong focus on continuous learning at all levels within the service. For example, the nominated individual had undertaken training so they could improve the standard of training provided to care staff at the service. A gap in staff's knowledge of the Mental Capacity Act 2005 had been identified and the nominated individual was undertaken a training course in this area.

The care coordinator showed us the system that had been put in place to identify when staff required refresher training. We also saw there were robust systems in place to ensure staff received appropriate support and their competency was regularly checked.

We saw people and their representatives were fully involved in their care planning. We saw the service regular sought the views of people and their family to ensure they were satisfied with the quality of care being provided.

During the inspection, we noted some of the service's policies and procedures either required updating or needed to be more detailed. We shared this feedback with the nominated individual and registered manager. They assured us these policies would be reviewed.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.