

Professional Care Support Services Ltd

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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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 9 September 2015 at which four breaches of legal requirements were found in relation to safe care and treatment, recruitment, the Mental Capacity Act 2005 (MCA) and good governance. This was because the provider had not suitably assessed and managed some risks to individuals. In addition staff were not always recruited through safe procedures. Staff did not have a good understanding of their responsibilities in relation to people's capacity to make decisions and give consent and the quality assurance processes in place were ineffective to suitably assess, monitor and improve the service. After the inspection, the registered manager wrote to us with a plan for how they would meet the legal requirements in relation to these breaches.

We undertook this focused inspection on 21 April 2016. We checked the provider had followed their plan and made the improvements they said they would to meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Professional Care Support Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Professional Care Support Services provides personal care and support to people in their own homes. The people who use the service included older people and people with a learning disability or a physical disability. There were eight people using the service at the time of our inspection. The service had a registered manager. 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.

At this inspection the registered manager had still not reviewed specific risks to people, mainly related to their health conditions and had not put suitable management plans in place for staff to follow to mitigate any identified risks. However, when we raised our concerns with the registered manager they liaised with people, their relatives and health professionals immediately. The following day they had all the required documentation in place which they sent us for reference.

The registered manager had reviewed recruitment information held on file for all staff and outstanding documentation as required by law. This included evidence of checks of criminal records, previous employment and health conditions.

Care workers had a good understanding of their responsibilities in relation to the Mental Capacity Act (2005) such as the need to obtain people's consent before carrying out their care and how to assess if a person lacked capacity regarding a specific decision and how to support them make decisions if they did. This meant staff were working in accordance with legal requirements to protect people's rights in relation to their mental capacity.

The systems in place for the provider to assess, monitor and improve the service were not always effective because they had not always identified and resolved the issues we found at this, and the last inspection. You can see the action we asked the provider to take in relation to this at the back of this report.

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

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to ensure risks to people were well managed and that staff had the information they needed to manage people's medicines safely. The registered manager had obtained and held on file the information required by law in relation to staff recruitment.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection of the service.

**Requires Improvement** ●

### Is the service effective?

We found action had been taken to provide care workers with training and support to understand their responsibilities under the Mental Capacity Act 2005 in relation to people's capacity to make decisions and give consent.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection of the service.

**Requires Improvement** ●

### Is the service well-led?

We found the provider had not taken sufficient action to fully improve quality assurance systems to assess, monitor and improve the service and they were still breaching legal requirements.

**Requires Improvement** ●

# Professional Care Support Services 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 21 April 2016 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 9 September 2015 had been made. We inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well-led? This is because the service was not meeting legal requirements in relation to those questions at that inspection.

Before our inspection we reviewed information we held about the service and the provider. During the inspection we spoke with the registered manager. We looked at four people's care records, four staff recruitment records and records relating to the management of the service including quality audits. After the inspection we spoke with one person using the service and three relatives. We also spoke with three care workers.

# Is the service safe?

## Our findings

At our last inspection in September 2015 we found the registered manager was not meeting the regulation relating to safe care and treatment. This was because the registered manager did not always ensure risks to people were managed appropriately so that people and the care workers working with them were safe. There was a lack of risk assessments and risk management plans in relation to people's health conditions. In addition the provider had not appropriately risk assessed medicines management for one person and their care plan contained no information about the medicines they were taking and how staff should support them to take their medicines safely.

After the inspection the registered manager wrote to us with their action plan setting out how they would improve in relation to these issues by the end of January 2016. They told us they would update people's risk assessments and care plans and review these regularly. In addition they told us they would review the medicines policy and introduce a one-page guide to medicines administration for each person who required staff support in this area.

People using the service and relatives were satisfied their care was delivered safely and with the quality of their care documentation. One relative told us, "It is very safe the way they care for my [relative]." Another relative told us, "Everything is written properly." However, at this inspection we found the registered manager had not taken sufficient action to meet the regulation relating to safe care and treatment. Although the registered manager provided training to staff in supporting people with epilepsy, they had not risk assessed people's particular health risks and risks relating to medicines management. These risks included epilepsy, malnutrition and pressure ulcers. There were no suitable risk management plans to guide staff in supporting people safely in relation to these risks. This meant the registered manager could not be sure they were taking sufficient action to support people in relation to these risks.

The day after the inspection the registered manager liaised with people, their relatives and health professionals involved in people's care such as dietitians and district nurses. They put in place the required assessments, plans and information for staff to follow immediately and sent us copies of all these records the same day for our reference.

At the September 2015 inspection we also found the provider was not meeting the regulation in relation to staff recruitment. This was because of deficits in carrying out comprehensive recruitment checks on new staff such as checking and recording employment histories, references, and health conditions as required by law. The provider also did not always check care worker's criminal records appropriately before they started work.

After the inspection the registered manager wrote to us with their action plan setting out how they would meet the regulation regarding recruitment. They told us they would obtain and check all the outstanding recruitment documentation for staff, including criminal records checks, meeting the regulation by October 2015.

At this inspection we found the provider had taken the necessary action to meet the regulation relating to recruitment. They had obtained and checked all the documentation required by law for all staff.

## Is the service effective?

### Our findings

At our September 2015 inspection we found the registered manager was not meeting their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The 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. Care workers were unsure of the MCA and its code of practice and how to effectively utilise these when caring for people to help protect their rights and they had not received training in this area to aid their understanding.

After the inspection the registered manager wrote to us with their action plan setting out how they would meet the regulation relating to the MCA by January 2016. They told us they would ensure all staff received training in the MCA and they would provide staff with further support in understanding their responsibilities in relation to MCA where necessary.

At this inspection we found the registered manager had taken sufficient action to meet the regulation relating to the MCA. People using the service and relatives told us staff always asked permission before carrying out tasks such as personal care. One relative said, "The care workers speak the same language [as my relative], they always listen and ask permission." Staff had all received training in MCA and our discussions with them showed they understood how to support people appropriately, in line with the MCA, in relation to capacity and consent issues.



## Is the service well-led?

### Our findings

At our September 2015 inspection we found the registered manager was not meeting the regulation relating to good governance. People were not always protected against the risks of poor and inappropriate care because the registered manager did not have effective systems to assess, monitor and improve the quality of the service provision to identify and mitigate the risks we found at our inspection. In addition, records were not always stored appropriately. Guidelines to care for people from professionals such as occupational therapy risk assessments and management plans in relation to using a hoist, was not always readily accessible for the provider to refer to in guiding staff on how to support people safely.

After the inspection the registered manager wrote to us with their action plan setting out how they would meet the regulation relation to good governance by the end of January 2016. They told us they would monitor quality through regular checks of health and safety, infection control, medicines management, care plans and risk assessments.

People using the service and relatives told us the service was well led. One relative told us, "The manager is always in touch with me, whenever they need to know something." However, at this inspection we found the registered manager had not taken sufficient action to meet the regulation relating to good governance. This was because they had not followed their own improvement plan in a timely manner which made their quality assurance systems ineffective. Their quality assurance systems had not identified the service had still not sufficiently assessed health and medicines related risks to individuals and had still not put suitable management plans in place regarding these so people received care safely at the time of our inspection.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager continued to check whether people were satisfied with their care and to gather their experiences through regular visits and phone calls. They also continued to involve staff in the running of the service through regular supervision sessions and team meetings.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(a)</p> |