

ProCare Solutions 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?

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

We inspected this service on 7 March 2017. This service provides care in people's homes in the South Staffordshire area to older people. At the time of the inspection 12 people were being supported by the service.

There was a registered manager in place. 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 did not always receive their agreed levels of support as there were not always sufficient staff available. Staff told us they felt overworked as they were tired and stressed. The provider was unclear on the amount of care hours they needed to deliver to people. We could not be assured the provider had a suitable system in place to ensure staffs suitability to work within people's homes. As staff felt rushed we could not be assured people were supported in a caring way.

The systems that the provider had put in place to monitor the quality of the service were not effective in identifying areas of concern. This information was not used to drive improvements. The provider had not identified when incidents should be reported and documented and no review of these had taken place. The provider had sought the opinions from people who used the service however this information had not been used to bring about change when necessary. Staff did not feel listened to and there was no evidence that staff had the opportunity to raise concerns as supervisions were not always taking place. When complaints had been made the provider had not responded to these in line with their own procedures.

Staff received an induction and training however this was often after they had started working in people's homes. Due to the staffing shortfalls staff did not receive protected time to attend training. There was no evidence available that staff competencies were assessed and staff gave medicines to people without having their knowledge of this checked to ensure they were safe to do so. When people needed as required medicines there was no guidance in place for staff to follow to ensure this was administered correctly.

People and relatives were happy with the staff. People's privacy and dignity was maintained and they were encouraged to be independent. Risks to people were identified and staff had the information available to support people accordingly. When needed people were offered support with hobbies and meal preparation. People managed their own healthcare needs however staff received support from the office and acted accordingly when needed.

People felt involved with the planning and reviewing of their care and were happy with how they received their medicines. When needed people's mental capacity had been assessed and decisions were being considered in people's best interests. We found staff knew how to recognise and report potential abuse and knew the procedure to follow for whistleblowing.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

People did not always receive their agreed levels of support and staff felt under pressure to deliver this. The provider had not always considered staffs suitability to work with people's homes. There was no guidance in place for staff to follow when people received as required medicines. Risks to people were identified and staff knew what action to take to keep people safe. Staff knew how to recognise and report potential abuse. People were happy with how they received their medicines from staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not always receive adequate training to support them in their role, or given the time to do this training. Staff knowledge and competency to fulfil their role was not always checked by the provider. When needed people had capacity assessments completed and decisions were made in people's best interests. People were offered support to make meals and access healthcare professionals if needed.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff felt rushed and did not feel they had the time to support people in a caring way. People's privacy and dignity was upheld and they were encouraged to be independent.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

The provider had not always acted on complaints and responded to them in line with their own procedures. People felt involved with planning and reviewing their care. Staff knew people's preferences and these were considered. People were supported to follow their hobbies and interests.

Requires Improvement ●

Is the service well-led?

The service was not well led.

We could not be assured the provider acted in an open and transparent way with us during the inspection. The systems that

Inadequate ●

the provider had put in place were not always effective in identifying areas of concern and were not used to drive improvement. The provider sought the opinions of people who used the service however there was no evidence this information was used to make changes. When incidents had occurred these had not always be recognised and reported. Staff did not feel listened to and felt they did not have the opportunity to raise concerns.

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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 visit took place on the 7 March 2017 and was announced. The provider was given five days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information of concern we had received from the public. We used all this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We made telephone calls to three people who used the service and four relatives. We also visited one person in their home. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with two members of care staff and the deputy manager. We also spoke with the two providers one of whom was the registered manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks and staff files.

Is the service safe?

Our findings

We could not be assured there were enough staff available for people. Staff told us there were only three of them covering the rota for that week. One member of staff said, "We work really hard to make sure we get to everyone. There is an expectation we do more as part of our role, I am tired and it can be stressful". The staff we spoke with told us that new staff had recently been employed and felt this would be beneficial. For one person using the service, records showed us and the registered manager confirmed they should receive a 45 minute call in a morning. Records showed us for four consecutive days the person did not receive this amount of time, on one occasion it was documented they received a 14 minute call. We looked at records for two other people and found the same concerns. A relative also confirmed to us that their relation had received a 'couple of missed calls' in the time they had been using the service. We spoke with the registered manager who had identified the shortfalls in staffing levels. They told us, "We are continually recruiting and we have just appointed some new starters". This meant we could not be sure people were receiving the agreed levels of support they needed.

This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Before the inspection we received information of concern about staff not having the relevant employment checks to work within the service and in people's homes. We spoke with the provider and told them what action they needed to take; they sent us confirmation that this had been completed. At this inspection we found the provider had taken some actions. For example, we looked at records for six care staff that were employed at the service. We saw that checks had now been completed by the provider for all the staff. However, we found that when information had been received by the provider about staff's lack of suitability to work within the service, they had not completed the risk assessments to ensure people were protected. We gave the provider the opportunity to send us this information after the inspection and at the time of writing this report, we have not received this. This meant we could not be sure the provider had a suitable recruitment process in place to ensure people were safe.

Information about people's medicines needed to be improved. Some people were receiving medicines on an 'as and when required' basis. There was no guidance, known as PRN protocols in place to help staff identify when a person may need the medicine. Staff had not been provided with information on the frequency and maximum dosage that people could safely receive over a 24 hour period. This meant that there were no control measures in place to ensure these medicines were used appropriately. People were happy with how they received their medicines from staff. One person said, "The girls do my tablets, they are stored in my kitchen. I tell them I am ready and they go and fetch them. There is some paper in my file that they write on once they have done them".

Staff knew how to recognise and report any concerns they had that people may be at risk of abuse. One member of staff told us, "It's everything to keep a person safe. It's if they are at risk or come to any harm that's caused by anyone else". They added, "I would report it to the office but if I wasn't happy with their response I know I could report it to people externally, like the CQC". We saw the provider had a safeguarding

procedure in place to ensure concerns were identified.

Staff we spoke with told us they were aware of the whistleblowing procedure. Whistleblowing is the process for raising concerns about poor practices. One staff member said, "I would be happy to whistleblow if I had to". We saw there was a whistleblowing procedure in place. This demonstrated that staff knew how to raise concerns if needed.

When individual risks had been identified to people, staff had the relevant information to keep them safe. For example, when people needed to use specialist equipment, they knew about this and the reasons for it. One member of staff said, "[Person] is at risk of sore skin. We do daily checks to make sure there are no areas of concern and we have cream if needed. We make sure they are turned to relieve the pressure and they also have specialist equipment that they have to use during the day and night to reduce the risk of them developing sore areas". We saw that this equipment was being used for person and the care plan confirmed the information the staff member had told us. This demonstrated staff had information to ensure risks to people were managed. We saw there were risk assessment in place for people's home environments to ensure staff had guidance to keep themselves and people safe. This included information on potential risks that had been identified in people's homes. We saw there were also risk assessments completed on the office space and safety checks were completed. This showed us that when risks were identified action had been taken by the provider to reduce these risks.

Is the service effective?

Our findings

Staff received an induction and training, however they told us this was inadequate and did not meet their needs. One member of staff told us as part of their induction they had the opportunity to work alongside the registered manager. However they told us, "I was on shift for my training so I had to keep popping up in my break and between people's calls, so it wasn't that much". Another staff member said, "I went straight out alone. I had some face to face training but it was two or three weeks after I had started". This meant we could not be sure staff received the level of training required to support them in their role. The registered manager told us that staff also received online training. They showed us records of this. The registered manager also told us that staff received competency checks. Both staff members confirmed they had not received a competency assessment or check before they administered medicines independently. One staff member said, "I didn't have a competency, I went out and did the medicines and then I had the training. After the training I didn't have a competency. I have had one spot check since I started two months ago. I think medicines were checked then, but I had already been administering tablets since I started". The registered manager showed us a competency sheet that had been completed for staff. There was no information on the sheet showing us what competencies had been checked and what areas within this had been looked at. The provider was unable to show us the relevant information to reassure us these checks had occurred.

This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

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 or 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. We looked to see if the provider was working within the principles of MCA. We saw that when required, mental capacity assessments had been completed by the social worker and were in place. We were told by the registered manager that best interest decisions, where required, were also being considered. Staff we spoke with demonstrated an understanding of the Act and used the knowledge they had to assess people's capacity and gain consent. Staff gave examples how they gained consent from people. One staff member said, "I will say what I am going to do next and make sure they agree and are happy for me to do this". This demonstrated people knew the importance of gaining consent from people.

People were supported to prepare their meals when needed. One person said, "They will warm me a bit of porridge for my breakfast if I want some". Staff told us when they needed they would support people to prepare their meals. One staff member said, "We make people something to eat if they ask us to. Before we leave we always check if they have a drink or if they want one making". This meant when people needed support to eat and drink it was provided for them.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us, "If I was concerned about a person I would inform the office and then they would advise me what to do. I might call a GP then or we may ring their social worker for advice".

Is the service caring?

Our findings

Staff told us they felt rushed and we could not be assured people were treated in a caring way. One staff member said, "As we are rushing to get to people, we don't really have time to spend with them". Another staff member told us, "As some staff have to walk between calls it makes them late, the people often don't complain as they understand, but really it's not right as they are not getting the time and care they should". People we spoke with confirmed that sometimes staff maybe late. One person said, "It's usually okay. On occasion they might be a little bit late".

People and relatives were happy with the staff. One person said, "They have a good attitude". A relative told us, "They all seem friendly".

People's privacy and dignity was upheld. One person said, "They are very considerate with all that". Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "We make sure people are in private areas and the doors and curtains are shut so no one can see in. We make sure we use towels to keep people warm and cover them up as we go along".

People were encouraged to be independent and make choices about their day. One person said, "They work with me". A relative commented on their relations independence and said, "They work with my relation so they can do things independently". Staff gave examples of how they promoted people's independence. One staff member said, "We ask. One person likes to do everything they can for themselves so we just let them know we are here and if they want us they shout".

Is the service responsive?

Our findings

The registered manager told us that they had not received any complaints. However we received information that a complaint had been raised by a person who used the service. We spoke with the registered manager who confirmed this complaint had been raised; they told us they were investigating this. Although the provider told us they had spoken to the person verbally about their concern, we did not see any evidence to support this. Staff told us the person had not been updated on the outcome of their complaint. We looked at the provider's complaints policy and saw the complaint had not been recorded or responded to in line with this procedure. This meant we could not be sure complaints were acted on and actioned in line with the provider's procedure.

This is a breach of Regulation 16 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People were involved with planning and reviewing their care. One person said, "I have the folder. When I came out of hospital they came and spoke with me about all my needs. They come out and check on me to make sure everything is as it should be". The registered manager told us that a pre admission assessment was completed with people before they started supporting them. We looked at records and saw these were in place. Where possible people had signed to say they were in agreement with how they received their care.

Staff knew about people's needs and preferences. One person said, "Yes I get regular carers". A relative told us, "Yes I think so. They've got to know my relation and work well with them". Staff told us where they would find out information about people this included from their care plans and risk assessments as well as other staff. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support.

People were supported to follow their hobbies and interests and take part in activities that interested them. The registered manager told us how they supported people to go out and one person to walk their dog. Staff gave examples of how they encouraged people to pursue their hobbies and interests. For example, one staff member said, "We make sure people have books or the TV on if that's something they like".

Is the service well-led?

Our findings

The registered manager told us that no incidents or accidents had occurred at the service. They showed us the book which confirmed no incidents had been reported. However during the inspection we received information that a missed call had recently occurred. We spoke with the registered manager who confirmed this to us. After checking their computerised system they found this documented. There had been no action taken to review the reasons why this had happened. And no action had been taken to ensure this did not reoccur. During the telephone calls that we made to people a further two relatives confirmed their relation had received a missed call. We did not see any records of this during our inspection. This meant at least three of the 12 people who used the service had received a missed call. We did not see any evidence these incidents had been reported to safeguarding or that it had been considered that they could be potential safeguarding incidents.

During the inspection we identified concerns with the duration of the calls people received. We asked to see audits or checks that were completed for this. The registered manager told us there were no systems in place to monitor the times people received their calls or the duration that they lasted. Furthermore the provider was unable to demonstrate how many care hours were needed to be delivered to people each week. This meant it was unclear to the management team the hours they needed to delivered, therefore we could not be assured these hours were being delivered to people.

The systems that the provider had put in place were not effective in identifying areas of concern and were not used to drive improvement. For example, we requested to see the quality monitoring audits the provider completed. We saw a sheet that identified how many communication books had been sent to a person's home during a month and how many had been returned. The registered manager told us they had reviewed the information that had been returned however we did not see any records to support this. There were no actions in place identifying any areas of concern or improvements needed. Other audits we reviewed for example equipment checks, also demonstrated that there were no systems in place to recognise concerns or drive improvements within the service.

The provider sought the opinions from people who used this service. However this information had not been collated or reviewed to make improvements to the service. We saw questionnaires had been completed in November 2016, we did not see any further evidence of how this information had been used. When improvements had been identified we did not see any evidence of what action had been taken. For example, one person had said that not all the staff had maintained their dignity. The registered manager confirmed that no further action had been taken in relation to this.

This is a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

During the inspection when we spoke about incidents occurring we were told by the providers that none had occurred, however during the inspection process we received information contradicting this. For example, the provider told us no complaints had been raised and no incidents or accidents had occurred.

We found evidence that this was not the case. Furthermore we were told by the provider that actions had been completed and when we asked for evidence to support this it could not be found. For example, a staff members risk assessment and supervision records. This meant we could not be assured the provider acted in an open and transparent way.

This is a breach of Regulation 20 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us they did not feel listened to and gave us examples to support this. Both the staff we spoke with confirmed they had not received a supervision or been given the opportunity to raise any concerns they had. We spoke with the registered manager who told us this was because both staff had recently started working in the service. They told us that the other staff member had received supervision however, when asked, they were unable to provide the documentation for this.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not always responded to complaints in line with their own procedures.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems that the provider had put in place to monitor the quality of the service were not effective in identifying areas of concern. This information was not used to drive improvements. The provider had not identified when incidents should be reported and documented and no review of these had taken place. The provider had sought the opinions from people who used the service however this information had not been used to bring about change when necessary.
Regulated activity	Regulation
Personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The provider had not always acted in an open and transparent way during the inspection process.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always receive their agreed levels of support as there were not always

sufficient staff available.
Staff received an induction and training,
however this was not sufficient in meeting
people's needs.