

Prosper Community Care Limited

Prosper Community Care

Inspection report

156a
Northenden Road
Sale
M33 3HE

Tel: 07413401086

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Prosper Community Care is a domiciliary care service providing personal care to people in their own homes in the Trafford area of Greater Manchester. At the time of our inspection they were supporting 56 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We found some people's care plans did not include all the information needed for care workers to support people safely. People we spoke with told us they felt safe and that the registered manager was responsive to any concerns raised. People told us they saw regular care workers and felt protected from the risk of infection by the care workers. People were supported to take medicines at the appropriate times.

Governance systems in the service were not being operated effectively to ensure compliance with regulations and to assess and improve the quality and safety of the service. The registered manager had provided CQC with an action plan detailing improvements they were making but we found many of these had not been completed. The registered manager encouraged an open culture and people felt able to speak to him.

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 July 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations. The service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to the management of pressure area care and recruitment practices in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prosper Community Care on our website at www.cqc.org.uk.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the information available to care workers about how to support people safely, robust governance and quality processes, staff training records and recruitment records held by the service. We have written to the provider requesting further evidence to demonstrate their compliance with regulations.

Follow up

The provider is already making changes to their service. We will meet with the provider following this report being published to discuss progress against their action plan. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Prosper Community Care

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

The inspection team consisted of three inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including action plans sent by the provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the provider's registered premises and also a satellite office that we believed was being used to direct care. The provider has since applied to CQC to register the satellite office. We spoke with four people

using the service and relatives of four people using the service. We also spoke with five care workers, the office administrator and the registered manager. We reviewed a range of records including care and support plans of three people, recruitment and training records of staff and a variety of records relating to the management of the service including policies and procedures.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- People's care and support plans did not always contain sufficient information for care workers to support people safely.
- Some records we reviewed did not contain sufficient information for care workers on how to move people safely. We found the risks of having oxygen cylinders in people's homes had not been assessed.

We found no evidence that people had been harmed however, the lack of information in people's care and support plans placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager is already undertaking a review of all people's care plans. We have asked the registered manager for regular updates of how this is progressing.

Staffing and recruitment

- We found that the service had sufficient care workers. People told us they saw the same care workers regularly and that the care workers usually arrived on time.
- The registered manager told us they did not routinely train new care workers as they only employed people who had worked in care before. Care workers we spoke with told us their induction consisted of shadowing experienced care workers to learn about the people they supported. There were no records available to demonstrate new worker's competency had been assessed.
- There were also no records available to demonstrate care workers had undergone refresher training in mandatory areas. Care workers we spoke with told us some online training was available but they could not tell us what training they had undertaken.

The above demonstrates a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of inspection the registered manager was implementing a new online training system for all staff. We have asked the registered manager for regular updates of how this is progressing.

At our last inspection the provider had failed to have available all information required to demonstrate suitable people had been employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At the last inspection we found DBS checks on workers had not been documented fully. The registered manager informed us they were in the process of implementing a system to review DBS checks every three years and were updating DBS checks on all staff. The registered manager was unable to evidence this had been completed.
- The law requires employers to obtain certain information about people employed in care. This information includes evidence of their good character and previous conduct. We reviewed some files relating to care workers and found some of this information was missing or out of date.

The above demonstrates a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe.
- We saw that a safeguarding alert had been investigated and appropriate action taken by the registered manager.

Using medicines safely

- People told us they received support with their medicines and had their medicines at the appropriate time. Relatives told us they were informed when medicines needed to be re-ordered so that medicines were available for people being supported.
- Care workers we spoke with told us they felt confident in supporting people with their medicines.
- The registered manager told us that Medication Administration Records (MARs) had not been audited since February 2020 because of infection control concerns related to the Covid-19 pandemic. This is explained further in the well-led section of this report.

Preventing and controlling infection

- People told us they felt protected from the risk of infection by care workers.
- People told us care workers wore personal protective equipment (PPE) when they were in their homes.
- Care workers we spoke with told us they had sufficient supplies of PPE and were provided with more when it was needed. Care workers told us they were updated by the registered manager whenever guidance relating to the use of PPE changed.

Learning lessons when things go wrong

- People we spoke with told us when things went wrong the registered manager rectified any problems quickly. One person told us, 'I phoned the office and [the registered manager] was straight on it.'
- The registered manager logged reported incidents and accidents and listed action that had been taken as a result of the report. There was no analysis done of the incidents and accidents to identify any trends or themes. This is explained further in the well-led section of the report.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection we found the provider did not have robust systems and processes in place to monitor quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

The registered manager told us that improvements he had been making had been interrupted by the Covid-19 pandemic. At the time of the inspection they were restarting the implementation of an online system which would give them greater oversight of the service.

- Following the last inspection, the registered manager provided CQC with action plans detailing improvements they were making to the governance systems in the service. At this inspection we found many of the items in the action plan had not been completed and the systems were not being operated effectively.
- The action plan stated daily records and medicine administration records were audited weekly in people's homes by senior care staff then audited again on a monthly basis by staff in the office. During the inspection the registered manager told us these audits had not been completed since February 2020 because of infection control concerns.
- The service was responsive to accidents and incidents but no analysis of trends and themes was undertaken to identify areas of improvement.

The above demonstrates a continued 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

- Care workers we spoke with told us there was a good culture in the service. They felt the registered manager was approachable and helpful.

- People using the service and their relatives also felt the registered manager promoted a positive culture in the service and helped people achieve good outcomes. One relative told us, 'I live a long way away from [my relative], Prosper have been great in arranging to pick [my relative] up from hospital so they go home with someone they know rather than a taxi or ambulance. It's really reassuring.'

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 registered manager acted on the duty of candour when things went wrong.
- Although details of incidents and accidents and the actions taken as a result were not recorded in detail, people we spoke with told us they felt well informed about when things had gone wrong and what had been done as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The action plan presented by the registered manager in January 2020 stated there were ongoing service user meetings. On inspection, the registered manager was unable to provide any evidence of these having taken place.
- People we spoke with told us they could contact the manager if they had a problem and a number of relatives told us they had messaging groups with their relatives' regular care workers which kept them well informed about their relative's support, however people were not asked about how they felt the service could be improved.
- The local authority told us they felt the service was undertaking a lot of work to improve the service. They felt the registered manager was engaging well with them and was keen to improve.

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 People's care plans and risk assessments did not always include sufficient information to fully mitigate risks to people. Reg 12(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality and audit systems were not established or operated effectively to monitor the quality and safety of the services provided. Reg 17(2)(a)(b)(f)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Documentation relating to the recruitment of staff was not available for all staff. Reg 19(3)(a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Care workers were not routinely offered induction or update training Reg 18(2)(a)