

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 caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 9 September 2015 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. This was the first inspection of this service since they registered with CQC on 6 March 2014.

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 seven 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

Summary of findings

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 were not always supported by care workers who were recruited safely. Gaps in employment history were not always explored and appropriate checks of people's character or past performance in a similar role were not always obtained. Information required by law was not always held on care workers files to show that these had been carried out.

The service did not always manage risks to people well because these were not always fully assessed with suitable management plans for care workers to follow as part of keeping people safe. In addition there were risks that people's medicines were not always managed safely as risk assessments were not always carried out and care plans were not always accurate as to how care workers should support people in this area.

There were enough care workers deployed to meet people's needs. Care workers received appropriate supervision and appraisal to support them in their roles. A training programme for care workers was in place and the registered manager was arranging further necessary training.

Care workers did not understand their responsibilities under the Mental Capacity Act (MCA) 2005 regarding what to do if a person lacked capacity to consent. This meant the correct procedure for making decisions in relation to people's best interests may not have always been made in accordance with the MCA.

People felt safe and care workers understood the signs people may be being abused and how to report these internally and externally, such as to the local authority safeguarding team and CQC.

People and relatives were positive about the service and told us they were satisfied with it. They told us care workers were kind and caring. Care workers knew the needs and preferences of the people they were supporting, although this information was not always recorded in people's care plans.

People knew how to raise complaints and systems were in place to respond to any complaints made.

People were involved in decisions about their care and were supported appropriately to eat and drink. The provider involved people and care workers in the running of the care home and communicated well with them. Care workers treated people with dignity and respect and were kind to people.

The systems in place for the provider to assess, monitor and improve the service were not always suitable because they had not always identified and resolved the issues we found at this inspection.

At this inspection there were four breaches of regulations. These were in relation to care workers' recruitment, risk assessments and medicines management, mental capacity and consent and assessing and monitoring and improving the quality of service. You can see the action we asked the provider to take at the back of this report.

Summary of findings

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. Care workers were not always recruited safely with the right checks carried out and the right evidence held on their files. Risks to people were not always well managed and systems to ensure people received their medicines safely were not always in place.

People felt safe and care workers understood the signs people may be being abused and the action to take to keep them safe.

There were enough care workers deployed to support people.

Requires Improvement



Is the service effective?

The service was not always effective. Care workers did not understand their responsibilities under the Mental Capacity Act 2005 when people lacked capacity to make decisions.

Care workers received suitable supervision and appraisal to support them in their roles and a training programme was in place. People received the right support with their health needs and with eating and drinking.

Requires Improvement



Is the service caring?

The service was caring. Care workers were kind and treated people with dignity and respect. Care workers understood people's cultural needs and other preferences and the registered manager considered these needs when matching care workers with people. People received care in the ways they wished and were involved in decisions about their care.

Good



Is the service responsive?

The service was not always responsive. Although the registered manager reviewed people's care regularly care plans were not in place to guide care workers in relation to people's identified needs. Information about people's life stories was not always included in their care plans to help care workers understand people better.

People understood how to complain and a suitable procedure was in place to deal with complaints.

Requires Improvement



Is the service well-led?

The service was not always well-led. Systems in place to assess, monitor and improve the service had not identified and resolved the issues we found at this inspection.

The registered manager involved people using the service and care workers in developing the service and communicated well with them.

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 visit to the service took place on 9 September 2015 and was announced. We gave the managing director 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. We reviewed this, as well as other information we held about the service and the provider.

During the inspection we spoke with the registered manager. We looked at six people's care records to see how their care was planned, six care workers' recruitment files, and records relating to the management of the service.

After the inspection we spoke with one person using the service, three relatives and three care workers.

Is the service safe?

Our findings

People were not always supported by care workers who were recruited safely. Gaps in care workers' employment histories were not always explored, and where the registered manager had explored gaps details about this had not been recorded. For five care workers there was only one reference whilst the company's policy requires applicants to have two. It was also not always clear which organisation the referee was representing and therefore their capacity to provide a reference as this information was not always recorded on the reference forms. For some the registered manager told us character references had been taken verbally, however, these had not been recorded and stored on file to demonstrate that appropriate recruitment processes have been followed. The provider checked care worker's capability to carry out their role in terms of their physical and mental health by asking questions during interview and induction. However, care workers were not required to declare any health conditions in writing. This meant there were not always records to show the provider had carried out the necessary checks as required by law.

For three care workers we did not see records that criminal records checks had been carried out before they started employment or that previous criminal records checks had been carried out. There were also no records that other checks such as a DBS First Check or assessments had been carried out to mitigate risks that could arise from using staff who have not had a criminal records check. The registered manager told us she had seen suitable checks carried out by other organisations before these care workers started working for her company. However, details about these had not been stored on file. These issues meant the provider could not demonstrate that robust employment checks had been carried out to ensure that only suitable staff were employed to work with people using the service.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always ensure risks to people were managed appropriately so that people and the care workers working with them were safe. The provider told us they were aware of particular health conditions and risks such as epilepsy, pressure ulcer and malnutrition risks to some people. However there were no risk assessments in

place relating to these or risk management plans for care workers to follow in providing the right support. This meant there were risk that people may not have received the right support in relation to these needs.

Although most people did not require care workers support with medicines, the provider did not always have appropriate arrangements in place to manage medicines safely for the one person who required some support. There were no suitable risk assessments and control measures regarding the risks associated with their medicines. In addition their care plans contained no information about the medicines they were taking, such as the type of support the person required with their medicines, particular instructions for administration or side effects. This meant care workers did not always have information to help them understand why the person was taking each medicine and the side effects to observe for.

A person's care plan stated care workers should prompt them to take their medicines. However, the registered manager told us usually the person's relative prompted them instead of care workers. This meant their care plan was inaccurate and unreliable for care workers to follow. There were no records made as to who had prompted the person to take their medicines at each visit and no details of the medicines prompted on the occasions care workers prompted the medicines. This goes against guidance from Royal Pharmaceutical Society 'Handling of Medicines in Social Care' which states 'when care is provided in the person's own home, the care provider must accurately record the medicines that care workers have prompted the person to take, as well as the medicines care workers have given'.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe. On relative said, "I'm so confident in [the care workers]." Care workers understood the signs to observe which could show that people may be being abused and how to report concerns internally and externally if necessary to keep people safe. Care workers received safeguarding training during their induction period and how to safeguard people was discussed during their supervision and team meetings to keep their knowledge fresh.

Is the service safe?

People, care workers, relatives and the registered manager told us there were enough care workers deployed to meet the needs of people using the service. One relative told us, “Sometimes [our care worker] comes early, sometimes on time, never late.” Another relative said, “If [our care worker]

is going to be late they will call. They stay as long as they should do.” The registered manager explained how they were currently a small service and they had enough staff and therefore did not experience difficulties in assigning care workers to support people.

Is the service effective?

Our findings

The provider was not always meeting their responsibilities in relation to the Mental Capacity Act (MCA) 2005. The Act aims to empower and protect people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future. The registered manager told us a person may lack capacity to make certain decisions relating to their care. However 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. The provider did not provide care workers with training in this area to promote their understanding. Our discussions with care workers confirmed this.

Some people's care documentation contained a summary of people's capacity where they had full capacity to make decisions. However, this was not the case for a person the registered manager told us, was likely to lack capacity to make some decisions. The provider told us that the person's relatives made many decisions on the person's behalf where they lacked capacity. However, there was no evidence this decision making process was in line with the MCA to ensure decisions were in the person's best interests or that there had been checks that relatives making decisions on behalf of people using the service had a power of attorney. These issues meant people's rights in relation to this may not have been protected.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although a training programme was in place which included a range of topics, training in some areas to meet people's needs was lacking. For example, training was not provided in epilepsy, pressure ulcer support and nutrition, even though some people had needs in these areas. Training in the MCA was also lacking to help care workers understand their roles and responsibilities in relation to this. The registered manager told us they were already in the process of arranging epilepsy training for care workers and would review the training programme to incorporate other training courses when we raised our concerns with them.

Care workers completed an induction which included training in many areas related to their role. In addition the registered manager accompanied care workers on their first visits to people to introduce them and show them the best ways of working with people. The provider told us they were reviewing their induction so that new care workers would complete the skills for care 'care certificate'. The care certificate is a nationally recognised certificate to show care workers have reached a satisfactory level of knowledge and skills through their induction. Although formal training in communication skills was not provided to care workers, the registered manager worked alongside new care workers to help them understand people's particular communication needs within their own home.

Care workers told us the registered manager supported them well. Care workers received regular supervision and appraisal, each twice a year meaning they met with the registered manager four times a year. During these meetings care workers received support in areas particular to them to help them in meeting people's needs. In addition, the registered manager discussed a number of different policies at each meeting to help care workers understand these better, with the opportunity to ask any questions for clarity.

Although some people had particular health conditions and needs, such as epilepsy and diabetes information about these was not always detailed in their care plans for care workers to understand how they should support them to maintain their health. The registered manager told us they would add this information as soon as possible.

The service supported several people to eat and drink and staff prepared meals for some people at their visits. One person told us, "The food [they prepare] is good." A relative said, "[My care worker] cooks very well." The registered manager told us how some people were matched with care workers from the same ethnic backgrounds so they could prepare the food people were familiar with. People told us this system was working well and care workers understood and prepared their meals to their taste. We noted that care plans did not always detail people's food and drink preferences and the particular ways care workers should provide support with eating and drinking. However, people told us care workers were aware of this information through working closely with them and they were satisfied.

Is the service caring?

Our findings

People and their relatives spoke about care workers in a positive way. One relative said, “They [the care workers] are very nice people.” Another relative said, “They are brilliant! I’ve had agencies since 2009 and this one is the best. I’m so relaxed [when the care workers are there] and happy I just leave them to it.” Another relative said, “The care workers are very kind and caring.” People and their relatives told us care workers treated them with dignity and respect.

Records showed the provider checked that care workers treated people in a kind, respectful way through gathering feedback from people and also carrying out spot checks and observations of care workers interactions with people.

The registered manager ensured people and their relatives where appropriate were involved in decisions about their care. One person told us, “[The manager] asked the right questions during the assessment” to find out about the care they wanted. A relative told us, “[The manager] came and took all the info and asked questions about [my family member].” People and their relatives told us the registered

manager often telephoned or visited them to check their care was going as planned and whether they wanted any changes to be made. One relative told us, “The manager came yesterday and checked everything.”

Care workers carried out care in the ways people wanted and they understood people’s cultural needs and other preferences. One relative told us, “The care workers do what we need very well.” A relative told us the agency had found them care workers who spoke the same language as their family member to provide care and who was able to cook food from their home country. They told us, “We are completely satisfied.” The manager gave us examples of where they provided people care workers of a particular gender according to the wishes of the person receiving care. Care workers understood the need to provide care in the ways people wished and they delivered care to people according to their needs and preferences.

People were given the information and explanations they needed when they needed them. For example, the registered manager visited people and told them about their care options before they began using the service. They also left people with information about the service to help them decide whether they wanted to use the agency.

Is the service responsive?

Our findings

People were encouraged to express their views on their care and support. One person said, “The care plan is fine [it’s what we want]”. The service regularly contacted people to ask their views on their care via telephone and during visits from the registered manager. The provider also carried out regular reviews of people’s care where they gathered feedback to inform care planning. If people required changes to their care plan the registered manager made arrangements to inform the care workers team and update their care plan in relation to the changes, although this had not always been effective. Whilst, most care plans contained detailed guidance about how care workers should care for and support people and the tasks they should carry out at each visit, some did not. For example some people did not have care plans addressing their needs in relation to epilepsy, pressure ulcer management and communication. This meant care workers might not have had the right information and guidance to follow in supporting people. The manager told us they would put this in place as soon as possible.

People told us care workers who supported them knew them well. One person said, “[My family member] gets on

well with her care workers and likes them, they work with her well.” Our discussions with care workers also confirmed this. People’s care plans included information about their daily routines, preferred times for waking and receiving food where relevant as well as their religious, ethnic and linguistic needs. However, information about people’s backgrounds was not included in their care plans. When we raised this with the registered manager they told us they would obtain this information where people wished to share it to help care workers understand the people they supported better.

The service had systems in place to support people to complain and to respond to these. One relative told us, “We know how to complain”. Another relative said, “We have no complaints about the care workers or the agency.” People were provided with information about how to complain in the information pack they received when they began using the service. The registered manager told us they had not received any complaints since they began the service and people told us they had not had reason to make any complaints, although they had confidence in the manager to deal with their complaints properly, if they did.

Is the service well-led?

Our findings

People were not always protected against the risks of poor and inappropriate care because the provider did not have effective systems to assess, monitor and improve the quality of the service provision. For example although the registered manager had reviewed people's care plans regularly they had not identified that risk assessments and care plans in certain areas for individuals were lacking and were inaccurate. In addition, although records showed the registered manager had audited care workers' recruitment files we found the audits were ineffective because the files did not contain all the necessary recruitment checks according to the recruitment policy. The provider had also not identified and put in place measures regarding the lack of training in some areas and to make sure the service was meeting the requirements in accordance with the Mental Capacity Act 2005.

Records were not always stored appropriately. Where a person required support to mobilise with a hoist, the risk assessment on file in the office was inaccurate in relation to information about the person and how staff should support them. It also did not contain sufficient guidance for care workers to follow in using the hoist. The registered manager told us there was a copy of a risk assessment and risk management plan carried out by an occupational therapist (OT) at their house and the person's relative confirmed this was correct. They confirmed the OT had trained care workers in how to use the hoist correctly and care workers were consistent so there were no concerns. However, because the registered manager did not have a

copy of the OTs risk assessment and management plan there was a risk they may not provide care workers with accurate and safe instructions in supporting this person to mobilise when discussing their care.

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

The provider gathered feedback from people in a number of ways. They regularly called and visited to people to find out their experiences and whether they were satisfied with their care. Records showed feedback received about the service was positive. In addition the registered manager carried out spot checks to observe whether care workers met the requirements of their role.

People made positive comments about the registered manager. One person said, "She is very nice". They had a background in managing health and social care services. People using the service and their relatives also told us they could contact the registered manager or another person from the office at any time. One relative said, "I can get hold of [the registered manager] anytime and she responds quickly."

Care workers also made positive comments about the management of the service. One care worker said, "The manager is very good." They told us the team meetings were useful for sharing experiences and learning best practice. Care workers also told us the registered manager was always available when they needed support and advice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not ensure that care was provided to people with their consent and if they were unable to give consent because they lacked capacity to do so, to act in accordance with the Mental Capacity Act (2005).

Regulation 11(1)(2)(3)(5)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure care was provided in a safe way for people by assessing the risks to their health and safety and doing all reasonably practicable to mitigate risks and ensuring the proper and safe management of medicines.

Regulation 12(1)(2)(a)(b)(g)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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. They also did not always maintain securely an accurate and complete record in respect of each person using the service.

Regulation 17(a)(2)(a)(c)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care

Regulation 19 HSCA 2008 (Regulated Activities) Regulations
2010 Complaints

The registered person did not establish and operate effective recruitment processes to ensure care workers were of good character, had the experience necessary to work with people using the service and that information specified in schedule 3 was available.

Regulation 19(1)(a)(b)(2)(a)(3)(a)