

Profectus Healthcare Ltd

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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?

Good ●

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 the 7th, 8th and 15th April 2016. The service is registered to provide personal care to people living in their own homes when they are unable to manage their own care. At the time of the inspection there were 7 people using the service.

There was a registered manager in post at the time of our inspection. 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 were supported by staff who were respectful and caring. Staff had received safeguarding training and understood their responsibility to report any unsafe or abusive practices. The provider had systems in place to report safeguarding concerns to the appropriate authorities.

Recruitment procedures were safe with appropriate checks undertaken before new members of staff commenced their employment. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills and knowledge required to support people with their care needs. Staff competencies were assessed before they were able to work independently.

Specific and general risks to people's safety had been assessed and were detailed clearly within their care plans. Staff used these to assist people to remain as independent as possible.

Safe systems and processes were in place to ensure that medicines were handled, administered and disposed of safely.

Staff and the registered manager promptly engaged with other healthcare professionals to ensure that people's identified healthcare needs were met. The provider was quick to make changes to the service provision in response to changes in people's health.

Staff received regular on task supervision and benefited from a period of induction before they were asked to work independently. Staff understood their responsibility to seek people's consent before providing care.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity. People using the service and their relatives told us that they were encouraged to be actively involved in planning their care, regularly reviewing their care and were asked for feedback about the care they had received.

Staff spoke to people politely and treated them with dignity and respect. People were positive about the care and support being provided to them.

People knew who to contact and how to contact the service if they had a concern or complaint.

The registered manager consistently monitored and reviewed the quality of care people received.

The service encouraged feedback from people and their representatives. This was used to identify, plan and make improvements to 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 were protected from harm and staff were trained in safeguarding; they knew how to recognise and report any concerns.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed before they began using the service and care was planned in response to these.

People were consulted about their care and staff sought consent.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People were supported to maintain their nutritional well-being and were supported to receive appropriate health care.

Is the service responsive?

Good ●

The service was responsive.

An accurate assessment of the person's needs was carried out prior to the service being implemented and updated regularly.

Care plans were in place, identified people's preferences and were reflective of their current care needs.

People knew how to raise concerns with the service. Where concerns were raised these were responded to appropriately.

Is the service well-led?

Good ●

- The service was well-led.
- The registered manager was effective and understood their roles and responsibilities.
- The provider monitored the quality and culture of the service and actively sought feedback from people.
- Staff were supported and felt able to raise concerns and issues with the registered manager.

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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.

The inspection took place on the 8th, 9th and 15th April 2016. The inspection was announced and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available. Notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We need to be sure that they would be in.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with 1 person using the service, met one other person using the service and their relative, spoke to 2 members of staff and the registered manager who was the provider.

We reviewed the care records of 4 people who used the service and 4 staff recruitment files. We also reviewed records relating to the management and quality assurance of the service. During our visits to people supported by the service we also made observations about the way in which people were supported.

Is the service safe?

Our findings

People told us that they were confident in the care that the service was providing. One person's relative told us that "They [staff] offer such good care If it wasn't for them he couldn't live at home."

The service had effective systems in place that protected people from harm and the risk of harm. Staff told us "If I ever had any concerns about abuse I would tell the manager. She would report it to the appropriate team and investigate the concerns". Training records showed that all staff had received safeguarding training. Staff were knowledgeable and had a clear understanding of the signs of abuse they would look for and explained the action they would take if they suspected someone was at risk of abuse. We saw that where concerns had been raised the registered manager had made referrals to the Local Authority Safeguarding Team.

People were kept safe because effective processes were in place to assess and minimise risk. Assessments were undertaken to assess risks to people who received a service as well as the care workers who supported them. Risk assessments included information about the actions to be taken by staff to minimise the risks posed to the people they supported. This included environmental risks as well as risks due to the health and support needs of the individual person. Staff were aware of each individual's risks and the steps to take in order to minimise these risks. For example one member of staff told us that they supported someone who had been assessed as being at risk of developing pressure sores. The member of staff told us "I always check [persons] mattress to make sure it is on the right setting". Risk assessments were updated regularly meaning that staff had accurate records to refer to and guide them in providing safe care. The people we visited in their own homes and had risk assessments in place in their care plan.

There were enough staff to meet people's needs. One person "The staff are always on time and they stay for the amount of time that they are meant to". Another person's relative said "Sometimes the staff get caught in traffic but they always call to let us know and come to reposition [relative]". Another person's relative told us "We always have a copy of the rota; it does change sometimes but the staff always arrive when they are meant to. We need 2 staff to visit our relative and they always arrive together". This meant that people who required two staff to support them with their personal care were supported safely because there were enough staff available to attend to their needs. Staff told us that they received their rotas a week in advance of when they start and that they have enough time to travel between calls.

People were safeguarded against the risk of being cared for by unsuitable staff because appropriate recruitment practices were in place. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work.

People received their medicines when they should and were kept safe, and protected by the safe administration of medicines. One person's relative told us that "They manage [relative] medication regime very well. He always gets it on time and they [care workers] sign the chart.". Staff told us that the registered manager observed them administering medication before they were allowed to do this independently. One member of staff told us "I don't administer medication yet as the registered manager hasn't done my

competency assessment yet. She's doing that next week".

People had clear records of what medication staff should administer and how this should be administered as part of their care planning documentation. We looked at medication administration records and noted that there were no gaps or omissions. The correct codes had been used and when medicines had not been administered, the reasons were recorded. Records confirmed that staff had received the required training to ensure they delivered safe care. The service had a medication policy and procedure in place that showed the responsibilities of staff administering people's medication.

Is the service effective?

Our findings

Staff had access to training that equipped them with the right skills and knowledge to care for people effectively. One person's relative said "I've watched them look after [relative]. I think they are well trained; they know what they are doing". Another person's relative told us "They know what they are doing; our [relative] has never had a bed sore because they provide good support and know what to do". We spoke with one health care professional who told us that staff were quick to notice any change in need and make the appropriate referrals.

Staff had access to a period of induction and their abilities were assessed prior to working independently to ensure that they had the skills and knowledge required to care for people effectively. This period of induction consisted of classroom based training and then a period of new staff spending time with both the registered manager and more experienced care staff to observe how they delivered support. The registered manager said that she would not let new staff work independently until she had seen that they had the right skills and assessed their competency for herself. One new member of staff told us "The manager supervised me for a few days to make sure I was ok to work myself. She gave me lots of feedback from her observations".

Records confirmed staff received a range of appropriate training including moving and handling, health and safety, food hygiene, dementia, nutrition, infection control, first aid, safeguarding adults and the Mental Capacity Act 2005. Specialised training was arranged as needed in response to people's specific needs. For example we saw that staff had received specialist training to enable them to support people who required their nutrition and medicines by the use of a feeding tube. We saw that staff had their competency to support people with feeding tubes assessed by a medical practitioner before they provided this support independently.

Staff received regular supervision from the registered manager, usually through spot checks. This is when a member of the senior team visits them unannounced to observe them while caring in someone's home. This includes seeing if they are on time, wearing their name badge and carrying out the support as planned. We saw that the registered manager shared the learning from spot checks with staff via memos. Staff told us "We get supervisions. We also get random spot checks to observe care; we always get feedback after observations".

One person's relative told us "They always ask for [relatives] consent and talk to him while they are giving care.". Care records we looked at contained signed consent documents when people had capacity. 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.

We checked whether the service was working within the principles of the MCA. The registered manager had

an understanding of the MCA legislation and told us all staff had received training to increase their knowledge and understanding. Staff demonstrated awareness of the MCA and said they would support people to make their own decisions, wherever possible. Staff told us they discussed what care people wanted to receive and gained their consent before supporting them.

People were supported to maintain a healthy diet where this was part of their care plan. Where people were identified by the service as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Staff told us they assisted people to choose what they wanted to eat and drink before preparing it.

People were supported to access health services to maintain good health and well-being. People's records included the contact details for their next of kin, relevant health care professionals and commissioners. Staff told us that if they had concerns about people's health they contacted the registered manager who would make the appropriate referrals to health care professionals. We saw that when the registered manager had been contacted referrals were made to medical professionals in a timely manner. We saw that one person using the service had been recorded as having had a fall at night. Staff were concerned that this person's health had deteriorated. The registered manager contacted this person's district nurse for advice and arranged for staff to provide additional night time support until their health had improved.

Is the service caring?

Our findings

People were happy with the care they received and the approach of staff. One person told us "The carers are a fantastic lot; amazing". One person's relative told us that "The carers are very caring, beyond interested in giving good care. They go above and beyond". Another person told us "The carers really listen and talk to [name] it's fantastic" and "They are caring, polite people. It is like having friends in your house".

People knew which carers would be visiting them because they were provided with copies of the duty rotas and that care workers stayed for the amount of time that they were supposed to. People told us that the same care workers visited them so they got to know their carers well. One person's relative told us that when they were unwell and had to go to hospital that staff stayed with their relative until they returned and provided additional support.

Confidential information about people's care was only shared with professionals involved in their care. People were supported to maintain relationships with their family. One person's relative referred to the service "as a safety net" and "was reassured knowing that they were there to look after [person]". Another person told us that "they always let me know how [person] is; anything out of the ordinary I know they would tell me.". We observed the registered manager contacting people's family to update them on their relative's health and well-being and providing reassurance and emotional support.

People were treated with dignity and respect. One person's relative told us "They are kind to [relative]; they talk to him as a person". The registered manager told us that she works hard to ensure that all staff are aware of the importance of treating people with dignity and respect and this forms part of the spot checks that she completes with staff. The staff we spoke with understood the importance of respecting and promoting people's privacy and dignity. Staff told us that they always ensured that people were covered while providing personal care and that curtains and doors were closed. We noted that the service user guide stated that the service aimed "To provide person centred care that promotes clients choice, values, rights while giving care with dignity.". People told us that staff always knocked before they came into their house. One person's relative told us "they always leave the house spotless after they visit".

People were provided with information about their care and support package. People had a copy of their care planning documentation available for them to review in their home and staff told people what they were writing in the daily logs they completed.

Is the service responsive?

Our findings

A full assessment of people's needs was completed prior to any package of care commencing. This ensured that staff were able to meet people's needs in the way that they wanted. The Local authority also completed an assessment to help inform the registered manager's decision. People were visited by the registered manager to plan their care prior to any package of care commencing. Assessments completed by the registered manager ensured that people were able to develop a life history, as well as assessments of risk, care needs and preferred routines to guide staff in delivering their care. The registered manager worked in partnership with people using the service to develop an individual plan of care developing detailed instructions for staff to follow.

Staff were aware of people's care plans and delivered care and support according to people's preferences outlined in their care plans. One person told us "We developed the care plan together; all of the carers read it". Staff told us that care plans were reflective of people's needs and were updated regularly by the registered manager. We saw that care plans were detailed and followed a set format which the registered manager told us was to ensure that the plan covered all the required care components, such as an assessment, care plan, emergency contact details, personal information and daily records. The registered manager told us that she completed all care plans herself to ensure that people were involved in the planning of their care. Staff used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. Care plans contained accurate and up to date information and were reviewed on a regular basis and updated when people's needs changed. People and their relatives had the opportunity to contribute to their care and we saw from the regular reviews and feedback that was sought, that people were given opportunities to have their say about the service they were provided with.

People and their relatives were consulted and were able to say what their needs were and how they wanted them to be met, including what time of the day they required their support. One person told us that they were able to change call times to fit around their relatives medical appointments.

People knew how to complain and were confident that should they do so the registered manager would investigate their complaint and respond appropriately. People using the service had been provided with a service user guide which showed how they could complain. Staff were aware of the complaints procedure and told us that they would escalate any complaints to the registered manager to respond to should they receive one. The registered manager had implemented a complaints policy that told people how they could make a complaint about the service and how they would respond to any complaint raised. We reviewed the records maintained regarding complaints and noted that no complaints had been received.

Feedback received was acted upon to tailor the care and support provided to meet people's preferences. One person told us "There has been a massive improvement since our first care plan...staff listen and follow the care plans that are in place.". The registered manager said that because they were an active part of delivering people's care they were able to gather feedback from people on a day to day basis and make changes to people's care plans and resolve any issues before they escalated to complaints.

Is the service well-led?

Our findings

There was a registered manager in place who was also the provider who was present throughout our inspection.

The registered manager worked effectively to ensure that high standards of care were delivered. One person told us "The manager has high standards; that is good" and "The manager visits regularly to check that everything is ok and that we are happy". Another person told us "The manager is very good at monitoring the staff, she always watches new carers before they come here on their own". We could see from staff rotas that the registered manager regularly delivered care and support to people. The registered manager told us that this was so they could monitor the quality of service that was being provided and gather feedback from people using the service.

Feedback from people was actively sought and this was used to make improvements to the care and support provided. The registered manager sent quality assurance questionnaires to a selection of people using the service on a quarterly basis. Opportunities for improving the service by using the feedback obtained from surveys were identified and shared with staff through memos and team meetings. The registered manager regularly provided care and support to people with staff so that they could observe the care and support that was given to people. The registered manager took the learning from these observations and discussed areas of improvement directly with staff in team meetings, supervisions and shared themes via memos to staff. The registered manager provided clear leadership and was a positive role model for staff.

The registered manager was approachable and provided positive support to staff. One member of staff told us "I do feel well supported here; it's much better than other places I have worked". Another member of staff told us "I think Profectus is a good service, they know how to work with clients". Staff spoken with made positive comments about the registered manager and the way she managed the agency. Staff were aware of the whistle blowing policy and felt able to report any concerns to the provider. Staff told us that they had sufficient travel time as part of their rota and that should an emergency arise they were able to stay longer with people to provide additional support.

The registered manager had a clear set of values that were shared with staff as part of their induction and people using the service in the service user guide. Each person using the service had been given a service user guide which gave them details about the philosophy of the service, how to make a complaint and the standards of service that they could expect to receive. The service user guide stated that the philosophy of the service was "To operate on the people first principle...delivering care that is holistic and individualistic to you.". The recruitment process for new staff considered staff values as well as the previous experience and competencies linked to the role of a care worker.

The registered manager was aware of the requirement to submit notifications to the CQC and our records showed when appropriate had done so.