

Prompt Healthcare Staffing Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

The inspection took place on 4 March 2016. This was an announced inspection. The provider was informed 48 hours in advance of our visit. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides support with personal care to adults living in their own homes. One person was using the service at the time of our inspection.

There was a registered manager at the service. 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.

Systems were in place to ensure that people using the service were safe. Staff had undertaken training about safeguarding adults and had a good understanding about safeguarding principles and how to raise an alert. Risk assessments were carried out but were not detailed or robust.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and how to ensure people using the service were given support to make decisions.

There were enough staff to carry out the required level of care to meet the needs of people using the service.

Staff received relevant training for their role and records showed recruitment processes were robust. Relevant checks had been carried out before staff commenced employment.

Care was personalised and people were involved in their care planning and decision making.

The registered manager had a good relationship with staff and people using the service and their relatives. There was open communication between all parties. The service had quality assurance systems in place.

We have made a recommendation that the service reviews how they complete and record risk assessments and undertake additional training in this area for everyone working at 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?

Aspects of the service were not safe. Risk assessments were not detailed or robust and lacked detail and personalisation.

Staff had knowledge of safeguarding adults and how to raise a safeguarding alert if necessary.

Recruitment processes were in place and were carried out effectively.

**Inspected but not rated**

### Is the service effective?

The service was effective. Staff received training and had the skills and knowledge to meet people's needs.

Staff understood the principles of the MCA and obtaining the consent of people using the service.

Staff received training that was relevant to their role.

People's day to day health needs were being met and staff had access to information about people's health, care and treatments.

Staff knew what to do in an emergency situation.

**Inspected but not rated**

### Is the service caring?

The service was caring. Staff developed positive and caring relationships with people using the service and their relatives.

People were involved in their own care and in making decisions.

Dignity, privacy and independence were upheld by staff when caring for people.

**Inspected but not rated**

### Is the service responsive?

People received personalised care by contributing to their assessment and care plans.

The service was mindful of people's wishes and needs

**Inspected but not rated**

Concerns and complaints were responded to in line with the service's complaints procedure.

### **Is the service well-led?**

Staff and people using the service and their relative had open communication with the registered manager.

Staff spoke positively about working for the service and about the management style.

Quality assurance checks were in place to monitor the delivery of care.

### **Inspected but not rated**

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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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the registered manager, two care workers and the relative of the person using the service. We were unable to speak to the person using the service because they were unable to communicate with us. We looked at one care file, daily records of care, two staff recruitment files, training records and policies and procedures for the service.

# Is the service safe?

## Our findings

The relative of the person using the service told us that they thought the service was safe. They said "I can't complain about anything. Carers have been brilliant. Absolutely fantastic. They can't do enough".

Staff knew what to do if there were any safeguarding concerns and how to raise alerts. They understood what abuse was and told us they had received safeguarding training at the commencement of their employment. Records confirmed staff had received training in safeguarding adults. Staff told us they would report any suspected abuse to the registered manager or to the Care Quality Commission (CQC).

The provider had a safeguarding and whistleblowing policy which was up to date and contained information about how to raise alerts and contact details of the relevant authorities. The provider also had an up to date restraint policy. The registered manager and care workers told us that they did not use restraint and that it was avoided.

The registered manager told us there had been no safeguarding incidents since the registration of the service but told us what action they would take if any safeguarding incidents were to arise. They explained they would inform the CQC by way of notification and that they would also inform the relevant local authority safeguarding team. This meant that the provider knew how to report safeguarding concerns suitably so that CQC could monitor any safeguarding issues effectively.

Risk assessments were not always robust. For example, a NHS assessment highlighted the risk of breathlessness. The provider's risk assessment mentioned this risk but it did not go into detail about how the risk could be mitigated and what action should be taken. Despite this, staff explained what they would do in such a situation, stating that they would "call an ambulance". Other risks that were identified were "to minimise risk to ensure a healthy and safe environment for all concerned", and that, "the carer must shut the door securely at all visits". Even with these being identified, there was lack of detail or personalisation in the risk assessments.

Staff had completed training in administering medicines, food hygiene, health and safety, moving and handling and safeguarding. We saw that training had taken place recently. The care staff we spoke with were aware of how to respond in the event of an emergency to ensure that people were supported safely. The registered manager told us that they were on call 24 hours a day but that there hadn't been any 'out of hours' calls. The relative of the person using the service told us "[The registered manager] is only a phone call away. Very supportive at any time."

The relative of the person using the service told us staff arrived on time and that they "always had the same carers". They told us that "the family got to know the carers".

At the time of the inspection staff was not supporting people with their medicines. The registered manager told us and records confirmed the provider had medicines training and procedures available to staff.

Staff told us they lived in close proximity to the person using the service which meant that they could get there in a short amount of time. The registered manager told us that they managed any care worker absences by covering it themselves. They told us that this has never had to happen and said "if worse comes to worse, I will cover".

The provider's recruitment policy was robust and included pre-employment checks such as criminal record checks, two references from previous employers, photographic identification, a completed application form, employment history, interview questions and answers and proof of their eligibility to work in the UK.

We recommend that the provider reviews how they complete and record risk assessments and undertake additional training in this area.

## Is the service effective?

### Our findings

Staff had the skills and knowledge to meet people's needs and told us the training they had received was "helpful", although they thought that they would benefit from receiving 'end of life' training.

Staff had the skills and knowledge they needed to provide high quality care. Staff described the training they received as "Helpful." One staff member had identified an end of life training course they thought the team would benefit from. The registered manager informed us this training course was booked for April 2016.

Staff told us they had an induction when they started working at the service where they read through policies, care plans and the employee handbook. The registered manager told us that they also observed staff working for two days as part of their induction, but that these observations were not recorded. Staff confirmed that they were observed by the registered manager during their induction.

The registered manager told us that supervision took place "six to eight times per year". We looked at supervision records and saw that they were taking place regularly and discussed employee performance, policy review and punctuality to calls as well as working relationships with colleagues. Staff told us that supervision was "very good and helpful".

The registered manager told us and supervision notes confirmed the service was planning to implement the Care Certificate as part of staff training and development. The Care Certificate sets standards for the induction of health care support workers and adult social care workers.

We found that the service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) so that staff were provided with information on how to apply the principles when providing care to people using the service. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff had an understanding of the MCA. The registered manager explained to us that consent to care was always discussed with the people using the service and that care plans were signed to show that consent had been obtained. We saw that this was happening. Staff told us that they obtained consent each time they provided care. One member of staff said "I will always ask, every time". Another member of staff said "I ask if they want to have a shower. I have to respect if they say no". This meant staff were putting the principles of the MCA into practice.

At the time of this inspection the service was supporting people with eating and drinking by heating meals and preparing drinks. Records showed staff had training on food safety and the nutritional needs were identified in assessments carried out by healthcare services and were included in care plans.

Staff told us they supported people to maintain their health and they had an understanding of the current medical conditions of the people they were supporting. They told us this was due to having access to assessments carried out by the relevant healthcare services which highlighted individual health needs and were included within people's care plans. The registered manager confirmed that the majority of people who they were supporting were 'end of life' and staff told us that they would "call 999" in an emergency and also "call the next of kin".

## Is the service caring?

### Our findings

The service developed positive and caring relationships with people and their families. The relative of the person using the service told us, "The carers have been brilliant and have bonded with [person using the service]". They told us that "the family have got to know the carers". One member of staff told us "I respect them".

A member of staff explained to us that they "looked at the care plan before meeting [person using the service]". They explained that when they met with the person, they "went through the care plan together to make sure information was accurate and to confirm the person's needs". This meant that staff listened to people and made sure that the person was happy with the care.

People were involved in their own care planning and making decisions. One staff member told us about offering choices to the people they supported saying "I respect their space. It's their home. I always give them a choice. For example having a bath, if [person using the service] says no, I have to respect. I will ask what they need and do it". Staff also said "[person using the service] can make up their own mind. I respect that".

The family member of the person using the service told us about the staff and that "they've tried to maintain [person using the service] independence". One staff member said "I give independence and respect". This was reflected in the provider's daily logs for example when personal care was refused and when the person using the service carried out aspects of their personal care independently.

Staff told us they maintained people's privacy and dignity and gave examples such as during personal care; "I close the door and any windows. I give them privacy".

The relative of the person using the service told us that they would "100% use the service again in the future if needed".

## Is the service responsive?

### Our findings

People were involved in their care planning. The registered manager explained the process of the assessment to us during the inspection, stating that "personalised care is making sure the care is tailored to the individual. No one fits in the same box. We will say to the family and the service user, what is your expectation from us?".

The registered manager advised us that the care plan was a reflection of the initial assessment and preliminary discussions. One person's care plan stated "to respect wishes and choices". Relatives told us that staff got to know their relative and respected their wishes, for example when refusing personal care. A 'service users guide' was provided which set out details on how care workers were allocated, what people could expect from the service, as well as useful contact numbers, for example the registered manager's telephone number and a list of local authorities.

The registered manager told us that they carried out six weekly reviews of care plans and we saw that these were recorded in daily logs. We saw that daily logs were updated after each visit from care workers and included detail about what care was provided and whether it was refused.

Staff told us that they respected the different cultural needs of the people they cared for and said "Cultures are different. I have to be able to watch and learn from people and their cultural likes and dislikes. I have to respect and abide by it.". This meant that staff were mindful of equality and diversity.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the provider. The registered manager told us that there had been one formal complaint since the service was registered and this was responded to on the same day and consequently resolved. We saw records of this complaint and the response at the inspection.

## Is the service well-led?

### Our findings

A relative told us the registered manager was "very supportive" and that they could contact them at any time.

The service had a registered manager in post at the time of inspection and staff spoke positively of them. One member of staff "she is happy to help us if we have any problems".

The registered manager advised us at the inspection that due to the service being small, logistically it was not always possible to hold team meetings with the staff, however she advised that she spoke with them on the telephone on a daily basis and staff confirmed that the registered manager was "approachable" and "on hand" to help and "offer guidance" when needed.

The registered manager demonstrated open communication with staff stating "being a small service we are consistent with care that we give. I know my staff very well. They can open up to me and I am open to feedback". Staff told us that they liked working for the service. One member of staff stated "I enjoy going to work".

The registered manager told us that they monitored the quality of service by liaising with families and people using the service. They told us that although they didn't record every time they discussed the quality of service provided, they regularly received positive feedback from people and their relatives. One method of obtaining feedback was via an online survey. One completed survey from the 15 January 2016 was from the husband of a person who had used the service. They stated "I have to say for the few days your staff attended my wife, they were most caring and proficient I could wish for and I and my family thank you". They concluded the survey by stating that they were "extremely likely" to recommend the service and said that the overall standard was "excellent". Another survey from November 2015 stated "very satisfied with the service provided. All staff are friendly and professional. I would recommend this excellent company".

The registered manager explained they were also held the position of company director and therefore didn't receive any formal support from anyone 'above' them. As a result, they told us that they attended a 'peer group' on a regular basis whereby managers from local care agencies met up to support each other. The registered manager told us that this was an effective way to have links within the community and share ideas as well as receive support and guidance. The registered manager advised us that with their plans to expand the service, they would also be hoping to recruit more carer workers and a deputy so that there is a clear management structure.

There were policies and procedures in place to ensure staff had the appropriate guidance and staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current.

