

Prospect Concerns Care 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prospect Concerns Care Ltd is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. 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

Care plans included support required with personal care but did not include support needed with nutrition. Robust pre-employment checks had not been carried to ensure staff were suitable to work with people.

Robust audit arrangements were not in place to ensure shortfalls could be identified and prompt action taken.

Risks assessments were in place to ensure people received safe care. Staff were aware of how to safeguard people from abuse. Systems were in place to prevent and minimise the spread of infections when supporting people. Medicines were being managed safely. Systems were in place to ensure staff attended calls on time.

Staff had been trained to perform their roles effectively. Staff supervisions were regular to ensure staff were being supported at all times. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support. Communication plan included how to communicate with people.

Systems were in place to ensure feedback was received from people on their care.

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

Rating at last inspection

This service was registered with us on 10 August 2021 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Enforcement and recommendations

We have identified a breach in relation to fit and proper persons employed and good governance at this

inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Prospect Concerns Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hour's notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection.

We spoke with the registered manager, care coordinator, a staff member and a person who used the service. We reviewed documents and records related to people's care and the management of the service, which included people's care plans. 3 staff files which contained pre-employment checks, training and supervision records. We looked at other documents such as quality assurance and training records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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.

Staffing and recruitment

- Robust pre-employment checks had not been carried out to ensure staff were suitable to work with people who used the service. Checks had been made such as criminal records checks and obtaining proof of staff identity and right to work in the UK. However, two references had not been obtained to check staff character and conduct at previous employment. For one staff member, a character reference had not been sought and for another staff member we were shown a possible professional reference for the staff member, however this did not include the recipient information nor who completed the reference. The registered manager told us this had been requested and the email that was received with the references could not be found and told us a system would be put in place to store references securely.

This meant robust systems were not in place to ensure staff were suitable to work with vulnerable people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff attended calls on time. Rotas were sent to staff in advance.
- The registered manager told us that timesheets were completed by staff to evidence calls had been attended to and on time. However, the registered manager did not have access to the timesheets to ensure they had oversight of staff timekeeping and attendance as this was sent to an accountant for review. The registered manager got daily feedback from people to ensure staff attended on time. People told us staff came in on time. A person told us, "Carers come in on time. Carers are very good."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy were in place. A person told us, "I am very, very safe around them. Anything they do, they tell me. They want to do personal care, they tell me. They make me very comfortable?."

Assessing risk, safety monitoring and management

- Robust risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed for people at risk of falls and mobility. These included the identified risks and measures to minimise the risk to ensure people were safe.

Using medicines safely

- The service did not support people with medicines.
- Medicine care plans were in place that included the medicine people took, which included staff only promoted people to take medicines. This was confirmed by the registered manager.
- Staff had been trained on medicines and their competency had been assessed to ensure people could be supported with medicines when required.

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy were in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections.
- Staff had been trained on infection control and confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "I am given enough face masks, gloves and aprons to wear to care calls." A person commented, "They put everything, they put gloves, the white apron, the mask for nose, they put everything complete."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Nutritional care plan were not in place to ensure people were supported safely.
- The registered manager told us that staff supported people with nutrition and preparing meals. However, a nutritional care plan was not in place to include the type of support people required and how staff can support people safely and effectively with meals. We were informed a person may be at risk of diabetes and would need to be mindful when eating meals, this had not been included on the care plan. This was completed and sent after the inspection after our feedback but should have been in place prior to our inspection.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Information on people's capacity to make decisions had been included on their care plans and consent had been sought from people for the service to provide care and treatment.
- Staff had been trained on MCA and knew the principles of the act.
- Staff told us that they always request people's consent before doing any tasks. A staff member told us, "I always take permission and consent before I do anything." A person told us, "Anything they do, they ask me. They ask me about anything."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Robust systems were in place to assess people's needs and choices.
- Pre-assessments were carried out to assess people's needs and the support they required. This helped determine if the service could support people effectively.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as safeguarding, basic life support and infection control. However, staff supported people with transfers and records showed they had not been trained on moving & handling, which meant staff may not be able to support people effectively. Although a moving and handling care plan was in place, the registered manager told us that training on moving & handling had been arranged and staff were due to complete this. One staff member commented, "They have given me good training. It is helpful."
- Regular supervisions had been carried out for staff to ensure they were supported in their roles.
- Staff told us they felt supported. A staff member said, "[Registered manager] is a good manager, he always supports me."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Staff knew when people were not well and what action to take. GP details were recorded on people's care plan. A person told us, "If I am unwell, they know very well. If they see my face and not well, they will ask me and know what to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. A person told us, "They are very, very kind and caring. They are doing very well. I am very happy with them."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. Staff told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member commented, "I always involve [person] decision on how [person] would like to be supported, its [person] choice." A person told us, "They always involve me on decisions like what I would like to eat for breakfast."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private such as knocking on doors prior to entering or ensuring windows and curtains were closed when supporting people with personal care and ensuring they were covered appropriately. A person told us, "They respect my privacy and dignity always."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Care plans included information about the support people needed with personal care, mobility and continence. However, as mentioned under the Effective domain, nutritional care plan had not been completed to ensure people were supported safely in this area. This was completed and sent after the inspection.
- People told us that staff knew them well and were aware of their preferences when supporting them. A person commented, " They know me very well, they know everything about me. They are just too good."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans were in place and included how staff should communicate with people along with how people would be when they were happy or sad. The registered manager told us that resources were available should the service support people have communication difficulties to ensure information was accessible such as easy read care plans and pictorial information. A person told us, " They communicate very well with me."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The service had not received any complaints since they registered.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints. We saw complaints processes were included on peoples care plan and the person we spoke to was aware on how to make complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The registered manager told us that the policy was in place should the service support people with end of life care. The registered manager also informed staff would also be trained on end of life care when required.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Robust audit systems were not in place to ensure people received safe personalised care.
- Audits had not been completed to ensure the service was providing safe and effective care to people. However, as audits had not been completed, this meant the shortfalls we found on nutritional assessment and pre-employment checks were not identified and action taken to ensure people received safe person-centred care. Spot checks had not been completed to ensure staff were competent to carry out their roles.
- Staff did not always have the information they needed to provide safe and personalised care. We saw staff did not have access to detailed, accurate, person-centred, care plans in nutrition to facilitate them providing care to people the way they preferred. In addition, references to ensure staff were suitable to work with vulnerable people could not be found.
- The service did not have oversight to ensure staff were available and attended calls on time to ensure people received care in a timely manner. Although the service sought feedback from people regarding call timeliness, this had not been recorded and a system was not in place on how often feedback should be sought.
- Robust systems were not in place to obtain feedback from people about the service. The registered manager told us they spoke to people daily to get feedback. However, this information had not been recorded, analysed and used to identify if action was required to ensure there was a cycle of continuous improvement.

Robust audit systems were not in place to ensure shortfalls could be identified and prompt action for people to receive safe person-centred care at all times. The failure to maintain accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "I have no concerns, it's been positive." A person told us, "They been supporting me for a long time now, they are very good. The service is good."

- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users to ensure people received safe person centred care at all times.</p> <p>The registered provider was not maintaining accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care.</p> <p>Regulation 17(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not ensure robust recruitment procedures were established and operated effectively to ensure staff were suitable to work with vulnerable people.</p> <p>Regulation 19 (1) (2).</p>