

Proline Care Limited

Proline Care Limited - 4th Floor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 06 February 2018 and was announced. Proline Care Limited are registered to provide the regulated activity of personal care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. There were 144 people using this service at the time of our inspection.

Not everyone using Proline Care Limited receives the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the last announced comprehensive inspection in August 2017, we judged that improvements were required in delivering a safe, effective and well-led service. During our August 2017 inspection we found the provider continued to be in breach of the regulation related to the management of medicines and good governance. This was because the registered provider had failed to establish and operate effective systems to ensure they were meeting the regulations, or to monitor the quality and safety of the service. In addition we found partial improvements had been made to meet the warning notice issued 10 May 2017 in relation to Good Governance. A warning notice is one of our enforcement powers. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'is the service safe, effective and well-led' to at least good.

We undertook an announced focused inspection of Proline Care Limited on 06 February 2018. This inspection was carried out to check whether improvements to meet legal requirements planned by the provider after our inspection in August 2017 had been made. The team inspected the service against one of the five questions we ask about services: Is the service well led? This was because the service was not meeting legal requirements at our last inspection. This report only covers our findings in relation to this focussed inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Proline Care Limited on our website at www.cqc.org.uk.

During this focused inspection in February 2018 we found improvements were still required in governance and leadership. We identified that some action had commenced or been taken, but that this had not been sufficient, effective or timely enough to drive forward all of the improvements required. We found improvements had been made to meet the Warning Notice of Regulation 17 that we served in May 2017. Further improvements were needed and we are considering what further action to take. The service continues to be rated as 'requires improvement', because, although some action had been taken, other actions had been planned, but not yet fully implemented.

There was a registered manager in post who was present throughout the 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.

Regular audits and quality assurance checks required further development in order for the service to improve. People who used the service described how their experiences of the service had improved. Staff told us there had been improvements in how the service was managed.

At this inspection of August 2017 whilst we found improvements had been made the service continued to remain in breach of regulation 17. Good governance. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led.

Further improvement was required in the quality monitoring audits and oversight of the systems in place.

People told us their experiences of using the service had improved.

Requires Improvement ●

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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.

This inspection took place on 06 February 2018 and was announced. Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the quality and safety of service. Prior to the first day of the inspection, the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff were available at the office to meet with us.

The inspection site visit activity started and ended on the 06 February 2018. We visited the office location on 06 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The inspection site visit was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and their relatives.

We had already asked the provider to complete a Provider Information Return (PIR) earlier in 2017, so we did not ask them to complete this again. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We reviewed the information we held about the service and information that was shared with us by the local commissioners of care services and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with eight people who used the service and six relatives and friends. We spoke with the Nominated Individual, the registered manager, the field supervisor, one senior team leader and 10 care staff. We sampled some records, including four people's care plans. We reviewed records of the checks the provider and management team made to assure themselves people received a quality service. We reviewed further information the provider sent us after our inspection.

Is the service well-led?

Our findings

At our last comprehensive inspection in August 2017 we rated the registered provider as 'Requires improvement' in this key question. We identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Good Governance. This was because systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. In addition we found partial improvements had been made to meet the warning notice issued 10 May 2017 for a breach of Regulation 17. A warning notice is one of our enforcement powers.

During this focused inspection in February 2018 we found improvements were still required in governance and leadership. We identified that some action had commenced or been taken, but that this had not been sufficient, effective or timely enough to drive forward all of the improvements required. We found improvements had been made to meet the Warning Notice of Regulation 17 that we issued in May 2017.

Following our last inspection in August 2017 the service had introduced a new software system with the intention to help them to plan and monitor the timing and quality of visits more effectively. We reviewed the new software system and could see that the live system had significantly reduced the risk to people receiving missed calls. The registered manager explained that staff now used their mobile phones to record the time they arrived, the necessary tasks carried out which were specific to that person and that visit and the time they left the visit. The registered manager said this had enabled live checks to be made which ensured everything had taken place as planned. Whilst people we spoke told us they received their medicines as prescribed we noted that over a period of seven days, 299 alerts had been received in relation to medicine tasks not being undertaken. This meant the new system had identified that potentially people had not received their prescribed medicines. Whilst the registered manager advised that all the alerts had been resolved and people had received their medicines there was no oversight to identify why the alerts had been raised and what lessons had been learnt to prevent the alert from re-occurring.

People we spoke with told us that staff gave them sufficient time to meet their care needs. One person told us, "They [the staff] never leave before everything is done and always stop [for the allocated duration of] their time." However, we looked at the systems in place to monitor the duration of calls people received. We identified that most calls were shorter than the assessed time people had been allocated. These shortened calls were discussed with the registered manager who advised that they had not been investigated. This meant the service had no oversight or analysis of why shortened calls were occurring. The registered provider told us that staff were able to leave calls earlier if all tasks had been done and if permission was given by the person using the service. However it was not clear if staff regularly asked for permission to leave or offered to spend the remaining time to do other appropriate tasks or to keep the person company if they wanted that. The registered provider advised that this would be addressed following our inspection.

During this inspection in February 2018 we found that action had commenced or been taken from previous concerns, but that this had not been effective to drive forward all of the improvements required. For example, we found that monthly audits of care files had been completed, but they had not identified the

shortfalls in care and support that we had found. For example, One person's care records from the Local Authority identified they were allergic to a number of foods, these were not all included on the person's current care plan. The registered provider was not aware of how severe the allergy was. Whilst the person did not require any assistance with food preparation the risk of contamination put the person at risk of potential harm to their well-being.

The systems in place had not identified that some guidance associated with people's health conditions did not consistently reflect people's individual and current needs. For example, one person had been identified as high risk of pressure sores and required re-positioning to prevent skin break down. We could not determine from records if this was actually being undertaken. Whilst all of the staff we spoke with had a good knowledge of individual people's health needs; records did not consistently reflect people's current needs or how to effectively minimise risks to people.

One person we spoke with told us, "The carers are excellent...I have a patch on my back which has to be changed every 3 days." However, there were inconsistencies in the completion of medicine records. One person's care plan and Medicine Administration Record (MARS) identified that the person required pain relief medicine PRN (as required medicines). We found that staff had not recorded the amount of tablets administered and this was variable dosage medication. Therefore the amount of medication the person had received was not clear or recorded. We looked at the additional records for two people who were using medicinal skin patches. We looked for evidence that the skin patches had been applied as prescribed. The medicine recording charts had not been consistently signed and completed and it was unclear if the patches had been given or omitted at those times. This practice put people at risk of experiencing unnecessary pain and discomfort. Following this inspection we received information that people had received their prescribed skin patches but the administration had not been recorded.

Regulation 17 states that systems or processes must be established and operated effectively. The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Some aspects of the provider's governance framework were being followed to help ensure quality performance. At our last comprehensive inspection in August 2017 we noted that there were no systems in place to monitor staff supervision and competencies. At this inspection we found there had been improvements. We saw that systems were now in place to 'spot check' and monitor staff on a regular basis. These are unannounced visits to people's homes to check staff arrive on time and do their job well. A member of staff said, "I've had spot checks and they [senior staff] have observed me doing moving and handling and [giving] medicines." Staff confirmed that they had received medicine competency observations of their practice by senior staff.

People we spoke with told us they felt the service was improving. One person told us, "The carers don't miss calls anymore." Another person told us about previous concerns they had about the service and said, "Things have changed immensely now." A friend of a person who used the service told us, "I can't fault them now, things have changed....if there is a problem they sort it out." People were complimentary and described how staff provided good and improved quality care. One person we spoke with said, "The staff always respond to what I need." Another person told us, "We wouldn't change anything about the service....it's running well." The registered manager advised us that they were well supported by the registered provider and were working together to drive improvements forward.

The registered manager told us that they promoted a positive culture within the service that was person-centred, open, inclusive and supportive. One person told us, "Yes they do listen to you now....if I have a

problem I ring the office." However, the registered manager advised us that the service had not explored ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. At the time of the inspection the registered manager advised us that people did not receive information in alternative formats such as an alternative language, large print or pictorial format. During our inspection we did not see any evidence of care plans that were provided in alternative formats and from the care plans we sampled we did not see any reference that alternative care plans were available to meet people's individual communication needs. However, following our inspection the registered provider sent us a template care plan that was available in pictorial format, if necessary, to meet people's individual communication needs.

Staff understood their roles and responsibilities. We found there were a number of meetings held at the service to engage staff. One member of staff told us, "We have staff meetings and we can make suggestions [to improve the service]." Staff felt that there had been improvements in communication, management and leadership. One staff member told us, "There have been improvements, [the service] is more organised, we get rotas on time and communication is much better." In addition staff felt more confident they could raise concerns if necessary and were assured that any concerns raised would be addressed in a more timely, improved and professional way.

The registered provider showed an understanding of their responsibility as a provider of a regulated service. For example, they displayed the latest CQC rating in their office. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the registered provider was working in accordance with this regulation within their practice. We also found the registered provider had been open in their approach to the inspection and co-operated throughout.

Since our last inspection in August 2017 satisfaction surveys had been sent out to people who used the service during January 2018; these were due to be returned and analysed by the end of February 2018. A survey for 2017 had not been undertaken. However, people were encouraged to give their views and experiences about the overall quality of their care. One person told us, "[name of staff] came from the office recently with a survey and to make sure everything was okay." The registered provider gave people the opportunity to voice their opinions about the quality of the service during regular telephone calls or visits to check on service quality for which we saw corresponding records. This showed that the provider was making positive steps and considering others' comments in order to continually improve the service they provided.

The service worked in partnership with other agencies to support care provision and development. The registered manager told us how they shared appropriate information with other health professionals for the benefit of people who use the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective and robust systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service.</p> <p>Regulation 17 (1) (2)(a)(b)</p>

The enforcement action we took:

We served a Warning Notice requiring the provider to become compliant with this regulation by a set date.