

Proactive Medicare Limited

# Proactive Medicare

## 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

### About the service

Proactive Medicare provides personal care to people in their own homes. At the time of inspection, the service was supporting seven people, all of whom were receiving the regulated activity of personal care and living with complex health conditions.

### People's experience of using this service and what we found

Staff had received training to safeguard adults from potential abuse. Peoples identified individual health risks were assessed and managed safely in line with their personal preferences.

The registered manager had improved the recruitment process and staff had undergone pre-employment safety checks.

Staff managed medicines safely and the registered manager had regular oversight of this.

People who had complex needs were supported by knowledgeable and well-trained staff.

Staff ensured people had access to appropriate health care professionals when their needs changed.

People were supported to maintain their nutritional and hydration needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff understood the principles of the Mental Capacity Act and people's choice was promoted in all aspects of care.

Staff were caring, and the registered manager role modelled this behaviour.

People's privacy, dignity and independence was respected.

People had person centred care plans which were updated on a regular basis.

The provider had a complaints process in place. Any complaints were investigated thoroughly, and the registered manager was open and transparent.

People received personalised care and support, informed by best practice guidance and in line with people's personal preferences and goals.

People at the end of their lives and their loved ones, were supported well by compassionate staff.

The registered manager had systems in place to monitor the quality of care provided.

Staff told us the registered manager was hands on, warm and approachable. There was an open culture for staff and people to express concerns.

Healthcare professionals were very positive about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 15 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Proactive Medicare

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector due to the small size of the service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with six members of care staff including the registered manager, who was also the nominated individual, and three members of care staff.

We reviewed a range of records. This included two people's care records, medication records and the audits in place to monitor the quality of the service. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and contacted two professionals who are regularly involved with people who use the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in how to safeguard vulnerable adults. They were able to describe signs of abuse and what they would do to report concerns.
- The registered manager had identified concerns for people and acted appropriately to support people, liaising with external health and social care professionals.

Assessing risk, safety monitoring and management

- Some people receiving support had complex health needs. The registered manager had carried out robust assessments of these needs and sought advice from health care professionals.
- Staff had received training to manage specialist equipment used. This included how to administer food and medicines via a PEG (percutaneous endoscopic gastrostomy), this is a flexible feeding tube placed through the abdominal wall and into the stomach.
- Systems were in place in event of emergency to safeguard people identified as high risk to ensure they received the care they needed, for example in the event of heavy snow, or sickness.

Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager had undertaken the appropriate pre-employment checks on staff. This included the relevant background checks required by law.
- Staff underwent a values-based interview to confirm they had the right values to care for people.
- The registered manager and senior carers carried out observations of staff in practice every three months to make sure staff were safe and competent.
- Enough staff were employed to care for people and the service was actively recruiting. The registered manager told us, "We want to expand, but we won't take anyone else on until we have increased our staffing. It's been a long process as I will only recruit the right people."

Using medicines safely

- The registered manager carried out regular medicines audits when reviewing people's care.

- Staff managed medicines safely and received medicines management training and competency-based observations when giving medicines to people.
- MARs (medication administration records) documented how medicines should be administered, including when medicines needed to be crushed or dispersed in water.
- Medicines charts were colour coded for different times of the day. Staff told us, "I haven't seen this in other services before. It makes it very easy to follow."

#### Preventing and controlling infection

- Staff had access to gloves and aprons in people's homes and these were replenished when needed. One relative told us, "Staff always have enough equipment and clean up after themselves."

#### Learning lessons when things go wrong

- The registered manager had worked hard to improve the services processes in recruitment of staffing and how the service was audited, following previous inspections.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed care plans that clearly documented people's preferences. This included who they wanted involved in their care and how care was provided. One relative told us, "[Person] told staff how they would like things done and they [staff] respected this."
- People were able to express when they would like their calls to take place. Staff tried to accommodate this whenever possible.

Staff support: induction, training, skills and experience;

- Staff received a induction that covered face to face and online training and shadowed existing staff, including the registered manager who also provided hands on care.
- The registered manager had plans to improve learning with face to face training that was reflection based and a system had been devised to support this to happen.
- Systems monitoring training was effective. Staff remained up to date with mandatory training.
- Staff were required to work through a variety of care scenarios and share their answers with each other in areas such as good record keeping and supporting people's independence. The benefits of this type of training was evident in people's responses and in audits of care entries.
- A relative told us, "They [care staff] are all very good, they know what they are doing, and they do it really well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager had worked closely with various health care professionals regarding people's health difficulties. This included where people required regular specialist input and how staff could meet people's needs well.
- The service had been nominated for an award from the motor neurone disease society by a person receiving a service.
- Health care professionals had written to the service to compliment the quality of care and the joined up working between the service and professionals, including when supporting people to return home from hospital or when at the end of their lives.

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

- Staff had access to good care plan interventions to meet peoples dietary and hydration needs. These detailed whether people required prompting or assistance.

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.

- Staff understood the principles of the Mental Capacity Act, 2005 and sought people's permission before carrying out care tasks.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- A relative told us, "They [care staff] are like family. They treat [person] so well. They really care about them."
- Staff supported people well with specific needs in relation to their physical appearance.
- One member of staff told us, "I came back to this care agency because they are so caring. All the staff are so nice. It's so small, people are like family."

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

- The registered manager contacted people to understand whether staff were providing good care.
- We saw numerous compliments from people about how kind and caring staff were at the service. A relative told us, "The registered manager has been amazing, so supportive like one of the family."

Respecting and promoting people's privacy, dignity and independence

- Staff completed care entries which reflected how people had been supported. These were person centred and demonstrated a dignified approach supported people to remain independent.
- Staff had access to a WhatsApp group chat that passed on information to the staff supporting people about any additional needs. This included, "[person] seems a bit down today. Please sit and chat with them for a bit."
- The whatsapp group was confidential and secure, it did however at times state the persons name which may not protect people's privacy. GDPR, [General Data Protection Regulations] state that people must know and consent to how their information is being used.

We recommended the provider review GDPR, General Data Protection Regulation guidelines and take appropriate action.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's care plans were person centred. They clearly identified how best to support people's needs in line with best practice.
- People were involved in designing these care plans and each person had a keyworker who was responsible for ensuring care interventions remained relevant to the person's needs.
- The registered manager and care staff helped people to understand what was available to them, so they could retain choice and control over their needs.
- One relative told us "The registered manager has been a fantastic support; a star. There was a change of how care was funded, and it was confusing. [The registered manager] supported us with and during conversations with the funding authorities and explained how it all worked."

Meeting people's communication needs

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.

- Care plans documented any difficulties people had in communicating and how staff should explain what they were doing when providing care. This included how to support people to express their needs and preferences.
- People unable to verbally communicate had special equipment to help them express their needs, such as word boards. Care plans clearly described how people communicated using these tools. Care entries demonstrated staff understood these well.

Improving care quality in response to complaints or concerns

- The provider had processes in place to review complaints and concerns and the registered manager had investigated and dealt with any concerns appropriately, in an open and transparent way.

End of life care and support

- People at the end of their life were supported by carers who knew them very well and who were able to anticipate their needs.
- People's end of life preferences were clearly documented in care plans. This supported people at the end of their life, particularly when a person had lost the ability to verbally communicate their needs.
- Care staff spent time understanding the needs of people's loved ones. One relative told us, "They [care staff] are very kind and very kind to me. They have become like family."

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the registered manager was approachable and acted quickly if they had any concerns. One said, "The registered manager always has an open door. I can raise anything, and I know I will be listened too. All the people I have worked with are really caring and jolly. It's a lovely service to work for."
- A relative told us, "The care is very person centred. Staff know [loved one] so well. They are really so good."
- The registered manager responded quickly to people who raised concerns and took measures to identify improvements that could be made.

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

- Policies were in place to demonstrate how the provider complied with the duty of candour.
- The registered manager was open and honest with people following incidents or complaints. This included how they investigated concerns, action they took in response to concerns and apologies to people if they had not received a service as they would like.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection there were insufficient systems in place to monitor the quality for the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager carried out regular, robust audits to ensure people received safe care in line with best practice.
- Audits picked up areas of improvement needed. This included when medicines had not been signed for and what actions had been taken to make sure this improved.
- The service had an electronic system in place to monitor care calls. This included where calls had the potential to be late and any impact on people, and actions to take to mitigate risk to people.
- The registered manager or designated person on call, monitored care calls throughout the service

provision times.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service carried out various staff and service user satisfaction surveys on a yearly basis. Whilst they had received limited feedback from people, the registered manager also visited and contacted people regularly to confirm they were happy with the service.
- Some people were unable to verbally communicate due to illness and disability. The registered manager involved these people in a way which supported them to express their views. This was either through the communication tools they had available, such as letter boards, or loved ones that knew the person well.
- One member of staff told us, "The registered manager always consults us [care staff] about how to support people best and if there are any changes."

Working in partnership with others

- Professionals told us, "The service is really responsive. The manager works really well with a variety of stakeholders to ensure they can manage people's needs well," and "I have always found them very responsive to change and increases in care, all of my patients have been happy with the support received from them."
- Health professionals had written to the provider about how well they had worked in partnership with others in people's best interest.
- Following a complex situation one health care professional wrote, "Your can-do mentality was commendable, and you certainly did everything possible to reassure the patient and carer."