

Prosper Community Care Limited

Prosper Community Care

Inspection report

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Tel: 07413401086

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10 April 2019
16 April 2019
17 May 2019

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Prosper Community Care is a domiciliary care agency providing support to people in their own homes in the community, mostly in the Trafford area of Greater Manchester. At the time of our inspection they were supporting 34 people.

People's experience of using this service:

Staff were trained in safeguarding people from abuse and the registered manager worked with the local safeguarding authority to investigate any concerns that were raised.

Checks were done on applicants before they started work however there was no process in place to ensure documents relating to staff were kept up to date.

Risks to people were assessed and where risks had been identified additional support plans were put in place to inform care workers how to support the person safely.

People were asked for their consent before they were supported. Where people lacked capacity to make decisions for themselves processes were in place to ensure decisions were made in the person's best interests.

People told us they did not always get a choice of meals. We saw this had been raised with staff by the registered manager to remind them of the importance of this.

Some people told us the carers were very caring but some people felt the carers did not communicate well.

People and their relatives felt involved in deciding how they wanted to be supported.

People were encouraged to be independent.

There was a lack of quality monitoring systems in place. Complaints and incidents were not analysed to identify if anything could be learned from the event to improve the quality of the service.

We have made a recommendation about how the service manages complaints.

The service met the characteristics of requires improvement in all areas and is therefore rated as requires improvement overall. More information is in the full report which is on the CQC website www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 13 September 2016).

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection.

Follow up:

We have asked the provider to let us know what action they will be taking to improve the service to at least 'Good'. We will continue to monitor the service through information we receive and future inspections.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Prosper Community Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and one assistant inspector.

Service and service type:

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

Not everyone using Prosper Community Care receives regulated activity; 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.

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:

We gave the service 24 hours' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff. We needed to be sure someone would be available to help us with the inspection.

Inspection site visit activity started on 10 April and ended on 17 May 2019. We visited the office location on 10 and 16 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service including notifications the registered manager was required to send us about things happening in the service, information from other stakeholders, for example local authorities and information from members of the public.

The provider was not asked to complete a Provider Information Return (PIR). This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people using the service, three relatives of people using the service, three care workers and the registered manager. We reviewed care and medication records of four people, recruitment files of five care workers, minutes of staff meetings and supervisions and quality assurance audits performed by the provider.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- Most people told us they felt safe and could speak to the registered manager if they had any concerns.
- Care staff received training in safeguarding people from abuse and told us they felt confident in raising concerns. One member of staff told us, "To start I would phone [the registered manager]. If I had any concerns about them I would escalate it."
- The registered manager worked with the local authority to investigate any concerns that were raised.

Assessing risk, safety monitoring and management

- Risks to people were assessed and where people were identified as being at particular risk, additional support plans were put in place to provide information to care staff about how to support the person safely. The plans in place were detailed but the information was general and did not explain to care staff how the individual person needed to be supported.
- At the time of our inspection the service was in the process of updating the information in people's homes to ensure detailed support plans were available for care staff.

Staffing and recruitment

- Records relating to one person indicated they had been granted a temporary residence permit allowing them to work however this permit had expired. The registered manager obtained the updated documentation and provided us with a copy during the inspection, however processes should have been in place to identify when documents needed to be updated. This demonstrates a breach of Regulation 19(2)b of the Health and Social Care Act 2008 (2014 Regulated Activities) Fit and proper persons employed.
- A variety of checks were done on the background of applicants before they started work for the service. These included checks with the Disclosure and Barring Service (DBS). DBS checks inform employers of any convictions an applicant has allowing the employer to make safer recruitment decisions.
- One record we looked at contained DBS checks relating to a previous employer. The registered manager told us they had checked with the DBS if anything had changed with the disclosure as part of the application process but this had not been documented. The registered manager explained that had recently implemented a policy of renewing the DBS checks every three years and they were in the process of updating all the DBS checks on care staff.
- Care staff we spoke with told us they underwent adequate induction training when they started work and felt they had the skills required to support for people safely. Following their induction staff told us they shadowed more experienced care staff to get to know the people they would be supporting and learn how they preferred to be supported.

- Care staff records we looked at did contain information relating to their induction and shadowing however these were partially completed. See the well led part of this report for more information relating to this.

Using medicines safely

- People told us they received their medicines when they expected to.
- At the time of our inspection, new medicine administration records (MARs) were being introduced to more clearly identify what medicines people were prescribed.
- MARs we looked at had not always been completed fully however daily records we looked at indicated that people had received their medicines as prescribed.
- Audits had taken place on MARs but not all errors had been identified. This is explained in more detail in the well led part of this report.

Preventing and controlling infection

- Care staff were trained in infection control techniques and understood the importance of protecting people from the risk of infection.
- People we spoke with told us that staff used personal protective equipment (PPE) when appropriate.
- Supplies of PPE were available for staff to collect and additional supplies were held in the drivers' cars in case staff ran out whilst they were out working.

Learning lessons when things go wrong

- There were no robust systems in place to identify learning from incidents. This is explained in more detail in the well led part of this report.
- The registered manager told us, "We have reminded the care staff to let us know of anything that is unusual so that we can follow it up."

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of the MCA.
- People told us they were asked for their consent by care staff before they were supported.
- People's care records contained assessments of their ability to make decisions and if people lacked capacity to make decisions for themselves best interest meetings were arranged to make decisions on the person's behalf.

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

- People's needs were assessed by staff in conjunction with the person and, if the person wished them to be involved, their relatives. We saw care records signed by people confirming their involvement in deciding what support they wanted to receive.
- People we spoke with confirmed they felt involved in deciding how they wanted to be supported.
- People's cultural needs and preferences were incorporated into their support plans.

Staff support: induction, training, skills and experience

- Care staff received appropriate support and training to support people safely.
- Staff we spoke with told us they received regular update training to keep their skills up to date and if they wanted additional training they could request this.
- Staff told us they felt supported by the registered manager. One member of staff told us, "If there is a problem we can phone him and he will sort it." Another care worker told us, "They are very supportive. If I'm not sure of anything I can just phone and they will come out and show us. They always tell us not to do anything we aren't sure about."

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

- People were not always encouraged to eat and drink a balanced diet.
- Some people told us care staff helped them have the meal of their choice however a relative of a person

using the service told us, "We got [my relative] frozen meals but [the care staff] couldn't work the microwave. Now [my relative] just has soup or something else from a tin."

- We saw minutes of a team meeting where staff had been reminded of the importance of ensuring people were offered a choice of food and drink and making sure the food was cooked properly.

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 told us they worked closely with the local authority to ensure people remained safe. They told us, "If something happens and another agency loses a lot of staff then the other agencies can help look after people. We can help each other. If there is bad weather and some care workers can't get to work and we have people in the area then the local authority will ask us to check on the people to make sure they are ok."
- The registered manager told us they had suggested to the local authority that they involve care providers earlier in the assessment process for people. They told us, "For more complex packages it would be good to have a proper handover. It would be good to talk about packages with the assessors as well as the commissioning team."
- We saw that the registered manager had highlighted concerns when they felt a person needed more suitable equipment in their home.
- People's care records detailed any other agencies that were involved in their care and how they needed to be supported to access them. One person's record read, "Due to [person's] immobility, [person] will have home visits from GPs and district nurses and will access hospital appointments through ambulance or their family."
- When necessary staff would help people to make appointments with their GP if they felt unwell.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity

- Some people we spoke with told us they felt the care workers were abrupt. A relative we spoke with told us, "My [relative] doesn't like them. They are deaf but feel the care workers are shouting at her." Another person we spoke with told us, "[My relative] is hard of hearing and the carers try and speak to them from the kitchen so there's no conversation."
- Other people we spoke with were complimentary about the care workers. One person told us, "I can't fault them at all. They are just wonderful, I couldn't do without them." Another person said, "They're not so bad, I can't get out and about so I'd be lost without them." A relative told us, "They always acknowledge my relative. I can hear them talking and they always ask if they are ok and what they have done today."
- People told us their cultural choices were respected and reflected in the way they were supported.

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

- Most people were involved in decision making about their support. A relative we spoke with told us, "I hear them talking to [my relative] and they always ask them what they need and what they want to do. They are very thoughtful."
- A person using the service told us, "They will do anything I ask. I can't fault them for that."
- People's care records included details of relatives and friends the person wanted to be involved in their care. An example we saw read, "[Person] prefers that carers maintain good communication with their son and daughter about their well-being."
- Relatives told us they were kept informed about their relative's care. One relative told us, "I had a call [from the registered manager] a few weeks ago saying they were worried about [my relative] and that they had referred them to the local authority for another assessment."
- A care worker told us, "When we have supervisions we discuss how we can better manage the [visit] times for people if they would prefer another time."

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was not always protected. Some people we spoke with explained that the care workers' driver and sometimes other care workers would go into people's homes and sit in the lounge while the person was being supported. This could compromise the person's privacy and dignity. The registered manager told us he would raise this with staff to remind them of the importance of protecting people's dignity.
- People were encouraged to be independent. One person we spoke with told us, "I didn't want care but they let me do what I can."
- People's care records emphasised the things people could do for themselves. Examples we saw read, "Help

[person] put toothpaste on their brush, they will brush their own teeth." and "[person] can dry their face and front, support them to do the areas they can't."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were involved in their care and support. People told us they felt involved and their care records reflected this.
- People's care records contained information about the person's life history and their likes and dislikes. They also contained details about the person's interests and whether they needed support to take part in activities outside the home.
- The service gave people a list of activities run by the local authority so they were aware of activities in the area that may be of interest to them.
- People's communication needs were identified and recorded in their care records and, when needed, were shared with other agencies involved in the person's support. One person's care record read, "[Person] sometimes struggles to verbally communicate and will point at objects. Carers to be patient when [person] is trying to communicate."

Improving care quality in response to complaints or concerns

- We found complaints were usually resolved to the person's satisfaction. Most people told us they felt able to complain and were happy with the outcome of any concerns they had raised. Comments we received included, "You can just tell [the registered manager] and they will sort it." and "[The registered manager] is always really nice when I phone."
- Some people told us they had complained about the times of their visits but their concerns had not been resolved.
- There was no robust system in place to record and monitor complaints and concerns to identify learning from them. The registered manager told us they had received no complaints but people we spoke with told us they had raised concerns.
- We recommend the registered manager record and analyse all concerns raised, whether verbally or in writing, to enable them to identify improvements that can be made to the service.

End of life care and support

- At the time of our inspection, nobody was receiving support as they neared the end of their life.
- Care workers had undergone training in how to support people at the end of their life and told us they would feel comfortable in doing so.
- The registered manager told us if a person needed support at the end of their life then they would work with the local district nurse team and the person's GP to ensure the person received the support they needed.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were no systems in place to identify learning from accidents, incidents or complaints. Spreadsheets designed for this purpose were blank although we were aware of incidents and complaints that we would expect to have been recorded.
- Paperwork relating to care workers' induction and shadowing were not always fully completed.
- There was no process in place to keep information in staff files, such as their right to work in the UK, up to date.
- Audits of records did not always take place. Where audits had been completed they were not robust.
- The above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (2014 Regulated Activities) Good governance.
- The registered manager told us an external company had started to help them set up more robust processes to improve their care quality monitoring and compliance. They were also looking to recruit an additional person to work in the office to allow the registered manager more time to focus on quality monitoring of the service. They explained, "It will give me more time to step away and make sure things are being done."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked well with other agencies and tried to gauge the views of people regarding the service.
- The local authority told us the registered manager worked well with them and was very responsive to suggestions they made.
- We saw records showing the registered manager had raised concerns with other agencies regarding people they were supporting to ensure they received the support they needed.
- The registered manager told us the local authority had arranged meetings for people using the service to share their views. They said, "It was more independent than us doing it and we wanted people to feel they could speak up. The council will feedback anything that comes up."
- The registered manager told us, "I see people regularly to check everything is ok. We have some people who don't want anyone else in their house so we get feedback from their relatives of care workers."
- The registered manager told us they were planning to send out questionnaires to people and their relatives to further obtain the views of people who were not able to attend meetings.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with told us the registered manager was easy to get in contact with and was approachable.
- Care workers also felt the manager was approachable and was fair and open. One care worker told us, "We all feel part of the team so if you've got a problem you can say and someone will help."
- Staff told us they felt involved in developing the service. Staff we spoke with told us they had involvement in deciding which people were done on which shift to ensure the different shifts had an equitable workload. The registered manager told us, "It's helped because the staff don't feel one shift is easier than the other so they are happy to work on them all."

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Some documentation relating to people's right to work in the UK had expired and updated documentation was not provided to CQC as requested.

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>There was a lack of governance systems in place. Systems that were in place were ineffective and were not used to monitor and improve quality within the service.</p>

The enforcement action we took:

We issued a warning notice against the provider.