Pro Support Re-enablement Care Agency Limited

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 10 July 2018 and was announced. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people, so we wanted to make sure someone would be available in the office.

The service is a domiciliary care agency and is registered to provide personal care to people living in their own houses and flats in the community. It provides a service to older adults some of whom could be living with dementia and to people with physical disabilities, sensory impairment and people who have an eating disorder.

Not everyone using Pro Support Re-enablement Care Agency Limited receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the provider offered a service to five people four of whom received a service of personal care.

This was the service's first inspection following their registration with the Care Quality Commission in June 2017. There was a registered manager in post. 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.

The provider was not always assessing risks to people in a robust manner and measures for staff to follow to minimise the identified risks were not always in place.

Care staff had received training to administer medicines in a safe manner and had signed to state they had administered medicines. However, instructions for care staff was not consistently written on each month's medicines records and people's care plans did not contained information to describe their medicines and when they should be taken. As a result there were risks that people might not receive their medicines as prescribed.

Care plans were not signed by people to show they had agreed to them and there were no consent forms in people's records. Therefore, there was no evidence that people had agreed to the way their care was being delivered. We have made a recommendation to the provider to address this shortfall.

Care plans did not contain sufficient information about how people wanted to be cared for to be person-centred. They lacked information about the person's background, interests and diversity support needs and guidance for staff was not detailed.

Although the registered manager had systems in place to audit and monitor records they had not identified

the inconsistencies and omissions we found during our inspection.

People and relatives spoke positively about Pro Support Re-enablement Care Agency Limited and they described care staff as friendly, kind and professional. They all said they had not had any missed calls but all found care staff were not always punctual. Care staff described how they built a good working relationship with people, explaining they were introduced prior to the service starting and treated people in a respectful manner.

Staff recruitment procedures were adhered to for the safe recruitment of staff and the registered manager had ensured there were enough care staff to meet people's needs. Care staff told us the registered manager and office staff were supportive and had provided induction training so they had the knowledge they needed to work with people in a safe way.

Care staff told us how they would recognise and report possible abuse and the registered manager had systems in place to report and investigate any safeguarding adult concerns. The registered manager described how they learnt from mistakes to avoid a reoccurrence and to develop the agencies systems and procedures.

Care staff demonstrated they supported people to access the appropriate health care and promoted healthy eating.

The registered manager visited people prior to commencing a service to assess their care needs and discuss how people wanted their care and support to take place. They monitored the quality of the service provided to people by undertaking spot checks and surveys. People and relatives said they found the registered manager approachable and could raise any concerns or complaints.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person-centred care, safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. The provider had not undertaken robust assessments to identify all risks to people and where risks were identified measures for staff to take to mitigate the risk of harm were not in place.

The provider had systems for the safe administration of medicines but had not always ensured that staff had all the information required to manage people's medicines safely.

The registered manager understood their responsibility to report and investigate safeguarding adult concerns. They demonstrated how they learnt from mistakes by developing safer systems and processes.

The provider adhered to their recruitment procedure to ensure the safe recruitment of staff.

The staff had received training to ensure they understood the importance of infection control and the registered manager undertook spot checks to check care staff were using protective equipment appropriately.

The provider learnt from events and took action to prevent recurrence.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The provider did not fully demonstrate they were working in line with the Mental Capacity Act 2005. This was because they could not show they had obtained people's consent before providing a service.

Staff told us they felt well supported by the provider and received induction training prior to commencing their role. Further information was provided to ensure they could understand people's changing support needs.

The provider supported people to access the appropriate health care and staff encouraged people to eat healthily.

The registered manager assessed people prior to a service being

offered to ensure they would be able to meet their support needs.

Is the service caring?

Good

The service was caring. People and relatives told us care staff were, professional, friendly and kind.

Care plans contained some information to give guidance to staff about how people communicated their choices.

People told us that care staff maintained their privacy and dignity.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Care plans did not have a sufficient level of detail that gave staff clear guidelines to provide a person-centred service.

The provider had informed people about how to raise complaints. People and relatives told us they found the provider approachable and responsive when they raised concerns.

The service was not currently offering end of life care.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The registered manager had not identified through their audits and monitoring, the omissions in people's care plans and medicines records.

People, relatives and staff described the registered manager as supportive and helpful. They told us they felt the registered manager listened to their views.

The registered manager attended training and workshops to keep their knowledge updated.

The registered manager had a vision for the future. They had developed a business plan and were working with the local authorities to ensure the sustainability of the agency in the future.

Pro Support Re-enablement Care Agency Limited

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 10 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. One inspector carried out the inspection.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

During our inspection, we looked at three people's care records. This included their care plans, risk assessments and daily notes. We also looked at one person's medicines administration records. We reviewed two staff personnel files. This included their recruitment, training, and supervision records. We spoke with the registered manager, and the recruitment administrator who were involved in the day to day management of the service.

Following the inspection, we spoke with one care worker and one senior care worker. We also spoke with one person who used the service and two people's relatives.

Requires Improvement

Is the service safe?

Our findings

The provider had undertaken assessments to identify the risks to people. Risks identified included those related to self-neglect, environmental hazards and falls. We saw that the provider had identified some environmental risks and had appropriately raised their concerns with the local authority. However, some risks were not assessed in a thorough manner and there was little or no guidance for care staff to follow. Identified risks were not rated or scored in any way. Therefore, it was not possible to know if there was a high, medium or low risk of the identified concern occurring so the appropriate measures could be taken to minimise the risks.

People's risk assessments contained conflicting information and were not detailed. For example, for one person who had been assessed for a "Handling assessment," the provider had put a cross beside both short and tall for the person's height. The assessment identified they required the assistance of one care worker but it did not state if the person used a walking aid or what the care staff should do to assist them.

Another person's moving and handling assessment indicated clearly two staff were required to assist with all mobility. Crosses placed next to each mobility support need including, "Stairs" and "Standing." The "Hoist" section did not have a cross or information to denote if a hoist was being used. Text on the same page showed the person was bedbound. However, on another page under the section, "Requires help with mobility?" it was stated, "Yes Hoist and assistance to move from one side of the bed to the other." Therefore, the information was not accurate or written in a manner that care staff could read and understand with ease.

Another person's risk assessment indicated by a cross that they were independent for 'general movement and in emergency' and stated, "Can move without aid" however it was also stated under "Hoist" that they required a "Large" hoist. In this person's assessment it stated that they were "Housebound" whilst also stating, "But goes out shopping and to the local shops." Therefore, it was not clear if the person went out by themselves or with others.

Some concerns were not risk assessed. One person's "Mental state/ Attitude" stated "Yes" they could become "Confused" and "Depressed," however, having identified these concerns there was no risk assessment as to the degree of risk or guidance for staff as to how this concern might manifest and what actions should be taken to ensure people's safety. One person's support plan stated they had a diagnosis of diabetes, however a risk assessment had not been undertaken to identify the level of risk to the person or actions to be taken in the event of their condition worsening.

We reviewed one person's medicines administration records (MARs). We found that instructions on the MARs were not carried through from one month to the next month. Medicines entries were hand written on the MARs. In the MARs dated May 2018 there were instructions under some medicine entries, one stated, "To avoid grapefruit", another medicine entry stated to "Swallow whole" and under a third medicine entry to "Take after food." In the handwritten entries in June 2018 these instructions were missing. The list of medicines to be taken and the instructions were not written elsewhere in the care plan. In addition, there

was not neither a description of the medicines that should be taken and nor details about the support people needed to take their medicines. Therefore, there was a risk that care workers may not be aware of how these medicines should be taken safely.

The above concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who supported people to take their medicines had received training. Medicine administration records (MARs) viewed were signed clearly by the care staff who administered the medicines. There were no gaps or omissions in the signatures.

At the time of our inspection the provider had recruited four staff who worked with the five people using the service. The registered manager told us that they were "growing slowly" and advertised for care staff in several places to ensure they had enough staff to meet the needs of the people using the service. The recruitment administrator said that they looked for prospective staff "who are friendly and not just passing through, we always test them out as a temporary staff to see how they do." We checked a sample of staff personnel files and saw that staff completed application forms and attended interviews where their responses to questions about the role where recorded. The recruitment and administration manager completed checks that included proof of identity, right to work in the UK and criminal records checks. References were sought from previous employers to review the applicant's previous work history.

All the people and their relatives we spoke with told us that calls did not always take place at the scheduled time however, all said there were no missed calls. Their comments included, "Yeah they are alright I suppose, but their timing is not good, I ring them if they are very late," and "Timing is a bit haphazard it is difficult for them as they are caring for others and it might take longer than expected but I'm prepared to put up with it as they are so good," and "Late sometimes but only a little problem as they are quite good."

The registered manager told us that the staff worked in two teams, two care staff worked half of the week and other two care staff worked the second half of the week. In the event of a staff absence the registered manager covered to ensure there was a service provided to people. The registered manager phoned care staff to check they had arrived and this was confirmed by a staff member. Care staff filled in a time sheet to record when they arrived and finished their call. These were monitored by the registered manager and spot checks undertaken to ensure care staff stayed for the allotted time. During the spot checks people and relatives were asked if staff were punctual and completed their calls according to the time frame agreed.

The registered manager told us that care staff were assigned calls within a specific area that they could travel to with ease. When care staff were running late they were asked to contact the office to let them know. The provider had purchased an electronic monitoring system that recorded care staff rotas and flagged when care staff had not made a call to say they had arrived. However, this was not up and running at the time of the inspection and the registered manager said it would be implemented in the near future. Following our inspection, the registered manager told us they found that sometimes people and care staff changed the call times without informing the office staff. They had spoken with all parties to explain that calls should take place as scheduled unless it is agreed with the office staff. They had also increased spot check monitoring to ensure care staff were attending calls at the agreed time.

Care staff told us they had received safeguarding adults training and described to us how they would recognise and report abuse. One staff member told us, "Abuse comes in different forms, when you go to a client and see a concern you have to report it to the manager, you can't just challenge, they have to look into it." The registered manager had recorded safeguarding concerns appropriately and had developed a system

so they would have an oversight of incidents and concerns to identify trends in the service. They described how they learnt from mistakes, giving an example that following an incident when a person fell there were concerns about the actions taken by care staff. So, they had reviewed their falls procedure and made all care staff aware of their responsibility to follow the new procedure.

Care staff had received infection control training. The registered manager described that they undertook spot checks that included checking if staff were maintaining good infection control and were using equipment such as gloves and aprons appropriately. To ensure there were adequate supplies of personal protective equipment they ordered supplies on a regular basis and stored them in the office where care staff could replenish their stock when necessary.

Requires Improvement

Is the service effective?

Our findings

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

The registered manager told us they thought the people using the service had capacity about their care. They told us, "Everyone has capacity in our view." As such they had not carried out any mental capacity assessments as they stated there had been no indication that people lacked the capacity to decide about their care and treatment. However, people had not signed their care plans to show that they agreed with their care plan, neither were there any consent forms that confirmed people had given their consent to the support provided by the care staff. We brought this to the registered manager's attention who told us that they had a consent form with the service user guide but they had changed the system as they developed it and the care plan needed to be signed. The necessary steps to demonstrate that people had consented to their care plan had not been adequately taken by the provider.

We recommend that the provider review their care practices in line with national guidance on the Mental Capacity Act 2005.

Care staff told us they had received MCA training and described how they gave people choice. They explained that they encouraged people to make safe choice and gave examples that they offered choice with regards to how people wanted their meals served and how their personal care was delivered.

Prior to a service being offered an assessment of people's needs had been undertaken by the registered manager. They explained this was to ensure that they could meet the needs of the person. Some people had been referred by a local authority to Pro Support Re-Enablement Care Agency Limited for support following a hospital discharge. In these instances, the provider demonstrated they used social care professional's assessments and support plans to inform their own assessment. They spoke with the person, their family members and local authority representatives to discuss and confirm what was required and when.

One relative told us care workers seemed well trained and that new care workers often shadowed experienced staff to see how they undertook the support required. Care staff told us that they received induction training prior to their role commencing. Their comments included, "Yes they provided all the training I needed to do, I have the certificates," and, "Yes we got training, it covered what is alright for the safety of the clients." Training included, first aid, food hygiene, infection control, health and safety, moving and handling, safeguarding and MCA.

The registered manager described that training was ongoing and that they discussed in supervision with

care staff aspects of their role and checked that they had retained their learning. They supported and improved care staff knowledge by providing information about conditions such as diabetes and mental health. They displayed information from Dementia UK and subscribed to their newsletter to keep care staff knowledge updated.

Care plans reviewed indicated that relatives had the responsibility for making their family member's meals and ensuring they were supported to eat. One person was diagnosed with diabetes and their care plan stated, "Staff to monitor [Person's name] dietary intake." Their plan indicated they ate the food a relative prepared. The care worker described how they encouraged this person to remain healthy, "When they ask me to go and get sweet things, I remind them don't take sugar, I encourage them not to and remind them why it isn't good for them." People's fluid intake was not referenced in the care plans reviewed. We brought this to the registered manager's attention. They explained the people they supported lived with their relatives who had oversight of this or people could manage their own fluid intake. They agreed to review people's care plans to make it clear if there was a need for care staff to prompt or make drinks so people remained hydrated.

Care workers had received first aid training and one care worker told us how they would respond to a medical emergency. They said they would, "Talk with the person, call an ambulance and tell the family member and the office." The registered manager demonstrated that they had contacted both the GP and district nurses on people's behalf when they were showing signs and symptoms of ill health. On several occasions this had led to the person going to hospital in an ambulance escorted by a care worker to give support until a family member arrived.

Good

Is the service caring?

Our findings

People and their relatives all spoke positively about their care staff. Their comments included, "They are all very friendly, they are good and professional in their work," and "Very kind I think," and "They are good friends and some are exceptionally good, I would say super-duper!" One person described that the care staff had supported them well through a difficult time.

A care worker told us how they got to know the people they worked with so they could have a positive working relationship. Their comments included, "You have to put yourself in their shoes, you know their needs from their care plan. I go out of my way for them and I care for them as if I was caring for myself or my mum and dad." They confirmed they were introduced to most of their clients prior to working with them and read their care plan. They described this helped them build a rapport.

Care staff told us how they supported people to make choices for example by asking how they wanted meals served and what they wanted to be done first during their call. People's care plans contained some information about how they communicated their wishes so staff could fully involve them in making decisions about their care. For example, one care plan gave guidance for staff about how a person might need their reassurance when discussing particular topics and another that stated a person communicated well and indicated that English was not their first language. However, the care plans did not state what language the person might prefer to speak and understand. As such, although there was some information about how people communicated it was often brief and required further detail. Following our inspection, the registered manager told us they were working with the care staff and a consultant to review the care and support plan documents to ensure all information required by staff was in place.

People confirmed that care workers maintained their dignity. One care worker told us how they maintained people's privacy whilst supporting them, "Everything you do has to be private and you shouldn't take their private business to other clients." The provider had written to people to inform them of their rights under the General Data Protection Regulations 2018 and ensured people's private information was kept in a confidential manner. When spot checks were undertaken by the registered manager they checked with people and their relatives if their privacy and dignity was respected by the care staff.

The registered manager and care staff described it was their aim to support people to retain their independence as this promoted their dignity. The provider's business plan reflected this aim stating, "Respect and encourage the right of independence of all service users."

Requires Improvement

Is the service responsive?

Our findings

We reviewed three people's care records and found that the care and support plans for two people were very brief and not person-centred. Care plans did not contain information about people's needs including their diversity support needs. For example, people's religion was stated as one word. There was no further information about the person's religious observations, if they were practicing or if there were cultural requirements to be aware of. There was no information about the person's background, their place of birth, their preferred language, where they had lived, their former employment and in the section for, "Major life events" there was no information. People's interests were not stated. This meant staff would not have a clear picture of the person in the context of their life and did not have all the necessary information to fully understand the needs of the person and care for them.

The actual plans to care for people did not contain enough detail to provide care to the person that met their preferences and that was person centred. For example, under the title "Details of care plan" the times of the scheduled visits were recorded. One care plan stated under a morning call, "Change pad." For the other two call times there was no information at all to tell the care staff what care and support was expected during the call and how the person wanted and preferred to be cared for.

The above concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider ensured that people's care was reviewed when their needs changed. One person's care plan had been reviewed with the person and their relative. The package of care had been updated to reflect their changing support needs. The person had requested a female carer to assist with personal care and this had been clearly recorded in the review and their support need had been met. The registered manager told us that they discussed diversity in staff training and told staff that they cannot be discriminatory, "They cannot have that type of agenda – to everybody they must be open and fair."

People and relatives told us the registered manager was approachable and they could discuss any concerns with them. Relatives told us, "Yes they are alright, sometime ago I rang. Definitely they would be kind if I called" and "Yes [the manager] would address any problems, and I can get hold of them. I call and they ring back."

The registered manager had prepared a log that contained relevant paperwork to record and monitor complaints, however they told us that no formal complaints had been received. When people raised a minor concern they, "had a chat" with the person and addressed the concern immediately. The provider had a complaints policy and procedure and they had ensured people and relatives knew how to complain by providing a service user guide that told people what to expect and how to complain if the service was not up to standard. The guide also contained the contact details for the local authorities and clinical commissioning groups, CQC and Local Government Ombudsman should people wish to take their complaint further.

The registered manager explained that no person at the time of our inspection was receiving end of life care, so there were no end of life care plans we could review. They told us how they would develop an end of life care plan with health care professionals should this support be required and provide staff training.

Requires Improvement

Is the service well-led?

Our findings

The provider had auditing and monitoring processes in place, however these had not always been robust and omissions about the lack of information recorded had not always been identified and addressed. We found that risk assessments contained conflicting information and guidance for care staff was not clear so they had all the necessary information to appropriately mitigate risks. In addition, some risks to people were not assessed. We identified some omissions with the completion of the MARs that had not been identified and investigated by the provider. We noted that two care plans were not person- centred as they lacked information about the person's diversity support needs and there was very limited information stating what should take place during calls and how the person wanted their care delivered. The provider's quality assurance systems had not identified these shortfalls so these could be rectified appropriately.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager told us that they were working with a consultant and care staff to review all documentation and ensure all people's information was robust and accessible to care staff. They had increased random spot check monitoring and checking of timesheets and people's records.

People and relatives told us they found the registered manager approachable. Their comments included, "Yes approachable, [registered manager] is definitely kind" and "The [registered manager] has called in to check all is ok but hasn't come for a little while." The registered manager told us they undertook reviews of people's support plans and discussed if the service provided still met their needs. They also undertook spot checks monthly to check staff performance and to speak with people and their relatives about how they found the service provided. They said, "I ask the relative to sit down with the person, it's a good way to open up a conversation and discuss if they are happy or not." We saw records for spot checks that had taken place in May, June and early July 2018 and these were comprehensive.

The provider had produced a service user guide that told people and their relatives what they could expect from the service. The registered manager gave people and relatives a survey to complete each quarter. The survey had spaces for people to write comments and symbols to make it an easy read document for people to complete. Surveys were designed to cover the key questions CQC ask of care services. For example, one survey reviewed was about the key question, 'Is the service safe?'. People's responses contained scores to indicate how they rated aspects of the service. The registered manager explained they intended to produce a yearly report with the scores and produce an action plan about how they would address negative feedback and make changes when there was room for improvement.

Care staff told us the registered manager was supportive and approachable, their comments included, "They are supportive, yes and helpful. The registered manager knows this job is challenging, so they are supportive," and "Very supportive, [Registered manager] is very helpful." They confirmed that they could speak with the registered manager when they needed to and had supervisions and team meetings that they found helpful where they could raise any concerns. The registered manager confirmed they held three

monthly supervision sessions and team meetings to share information and listen to staff views.

The provider had produced a business plan that stated, "Directors of the company have a passion for helping vulnerable adults who have challenges maintaining their basic care need standards." The business plan outlined the companies seven core objectives and values. The provider worked with one local authority and were aiming to bid for contracts with other local authorities to increase the amount of people they offered a service to and ensure sustainability.

The registered manager worked in partnership with the local authority representatives and had attended training to update their knowledge. This had included pressure ulcer care training, mental health pathway training and re-enablement workshops. The registered manager told us they had a subscription to the United Kingdom Homecare Association (UKHCA). This was so they could keep up to date with changing legislation and best practices. Policies and procedures for each aspect of the service provision were in place and were reviewed to keep the information current.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that care and treatment of service users was appropriate, met their needs or reflected their preferences. Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment was provided in a safe way for service users because they had not always assessed the risks or done all that was reasonably practicable to mitigate any risks. Regulation12(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to people. Regulation17(1)(2)(a)(b)(c)