Prompt Healthcare Staffing Ltd

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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

This inspection took place on the 14 August 2018 and was announced. At the previous inspection of this service in March 2016 we did not find any breaches of regulations. However, as they only had one person using the service at that time, we found insufficient evidence to give the service a rating.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to children 13-18 years old, people living with dementia, people with learning disabilities or autistic spectrum disorder, people with mental health needs, older people, people who misuse drugs and alcohol, people with an eating disorder, people with a physical disability or sensory impairment and younger adults.

Not everyone using Prompt Healthcare Staffing 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. Thirty-seven people were receiving support with personal care at the time of our inspection.

The service had a registered manager in place. 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.

Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. People were supported with medicines in a safe way.

The service carried out an assessment of people's needs prior to the provision of care. This enabled the service to determine if it was a suitable care provider for each individual. Staff undertook an induction training programme on commencing work at the service and had access to regular on-going training to help them develop relevant skills and knowledge. Where people required support with meal preparation, they were able to choose what they ate and drank. The service operated within the principles of the Mental Capacity Act 2005. The service supported people to access health care professionals and staff were aware of what to do if a person faced a medical emergency.

People were supported by the same regular care staff so they were able to build good relationships. People were treated in a caring and respectful manner by staff and were supported to maintain their independence. The right to confidentiality was taken seriously by the service and staff understood the importance of this.

Care plans were in place which set out how to meet people's individual needs and these were subject to

review. The service worked closely with other agencies to meet people's needs in relation to end of life care. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff spoke positively about the registered manager. Systems were in place for monitoring the quality of support provided at the service. Some of these included seeking the views of people who used the service. The registered manager networked with other agencies to help develop their knowledge and to improve the quality of support provided to people.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe way and robust staff recruitment procedures were in place.

Systems were in place to reduce the risk of the spread of infection. Medicines were managed safely.

Is the service effective?

Good

The service was effective. People's needs were assessed prior to the provision of care to determine if the service was able to meet the person's needs.

Staff undertook regular training to support them in their role and undertook an induction programme on commencing working at the service. Staff received regular one-to-one supervision.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

The service supported people to access relevant heath care services.

Is the service caring?

Good

The service was caring. Staff had a good understanding of how to promote people's dignity, privacy and independence.

People told us they were treated with respect by staff and that staff were friendly and caring.

Systems had been established to ensure confidentiality was maintained.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

Staff had a good understanding of people's individual needs and how to support them.

The service had a complaints procedure in place and complaints were dealt with appropriately in line with the procedure.

Is the service well-led?

Good

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views people using the service.

Prompt Healthcare Staffing 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 the 14 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This inspection was carried out by an inspector 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of significant events the provider had sent us. Due to technical problems, the provider was not able to complete a Provider Information Return. This 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 into account when we inspected the service and made the judgements in this report. We contacted the local authority who commissioned care from the service to seek their views.

We spoke with five people who used the service and five relatives. We spoke with five staff, the registered manager, administrative officer, care supervisor and two care assistants. We reviewed six sets of records relating to people, including care plans, risk assessments and medicines records. We looked at five sets of staff recruitment, training and supervision records. We read minutes of meetings and looked at policies and procedures. We examined the quality assurance and monitoring systems used by the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, of their care staff, "I think they are completely trustworthy." Another person commented, "Yes, I feel safe with them." A relative told us, "I feel that my [relative] is very safe with their carer. As a family we completely trust them."

Systems were in place to protect people from the risk of abuse. The service had a safeguarding adult's policy. However, this did not make clear that the service had a responsibility to refer safeguarding allegations to the local authority. We discussed this with the registered manager who sent us a revised version of the policy the day after our inspection which included the relevant information. Both the registered manager and staff were aware of their responsibility to report any allegations of abuse. One member of staff told us, "I would report it to [registered manager] immediately." The registered manager told us there had not been any allegations of abuse since our previous inspection. A whistle blowing policy was in place which made clear staff had the right to whistle blow to outside agencies. Staff were knowledgeable about whistle blowing.

There was a policy to help protect people from financial abuse. This made clear staff were not permitted to receive gifts from people. Where staff spent money on behalf of people, they were expected to provide receipts for people which reduced the risk of financial abuse occurring.

Risk assessments were in place for people. These set out the risks individuals faced and included information about how to mitigate those risks. Assessments covered risks associated with falls, moving and handling, medicines, the physical environment and personal care. Staff had a good understanding of the risks people faced and how to support them safely. Where people exhibited behaviours that challenged the service, staff were aware of how to support people appropriately, telling us they gave people space and time to calm down and sought to distract them from whatever was causing them to be anxious or upset.

The service had enough staff to meet people's assessed needs. The registered manager told us there had been one missed call in the past six months which was due to an administrative error. People told us they had had any missed visits Staff logged in and out electronically with the use of phones at the beginning and end of each visit so it was possible to monitor staff punctuality and check that they stayed for the full allocated amount of time. Staff told us they worked with people in a close geographical area which cut down on travelling time between appointments. One member of staff said, "We do have enough time, the time they put in-between visits is enough. They give you clients who are close together." This helped staff to be punctual. People confirmed that staff were punctual, two people used the same phrase to tell us this, both saying, "Timekeeping is good." Another person told us similar, saying, "Their time keeping is very good." This meant people received care at the time that had been agreed.

Robust staff recruitment practices were in place. Staff told us and records confirmed that checks were carried out on staff before they commenced working at the service. One staff member said, "The did the DBS check and asked me where I had worked before." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with

vulnerable adults. Records showed appropriate checks had been carried out including DBS, references, proof of identification and a record of staff's previous employment history. This meant the service had taken steps to help ensure that suitable staff were employed.

Before staff supported people with medicines they received training. This included an assessment of their competence in this field. Medicine administration record charts were maintained. These included details of the name, strength, dose and time of each medicine to be administered and staff signed the chart after each administration so there was a clear audit trail in place. When completed, each chart was checked by the registered manager to see that it was completed correctly and we saw records of these checks. We also examined a sample of the medicine charts ourselves and found these had been completed accurately and were up to date.

People told us staff took precautions with regard to reducing the spread of infection. One person said, "They always wear gloves and use aprons when they tend to my personal care." Staff told us they were expected to wear protective clothing when providing support with personal care. We saw there was a good supply of protective clothing including gloves and aprons available at the service's office. Where people required support with cleaning tasks in their homes this was clearly detailed in care plans. This meant the service had measures in place to help reduce the spread of infection.

The registered manager told us that when things went wrong lessons were learnt. For example, they told us one person complained that staff had left their freezer door open which resulted in food being ruined. The person was reimbursed and guidance was given to all staff to ensure that fridge and freezer doors were checked before they left a visit to a person. Accident and incidents were recorded and reviewed to see what could be done to reduce similar incidents re-occurring. For example, guidance was reviewed about supporting one person who exhibited behaviours that challenged the service.

Good

Is the service effective?

Our findings

People told us staff provided effective support. One person said, "I feel that they do a good job, the staff seem professional and know what they are doing." Another person said, "The staff seem well trained and I have no problems with them at all." A relative told us, "The care for my [relative] is well run and I have no problem with the agency when I call." Another relative said, "They seem very professional and know what they are doing."

The registered manager told us after receiving an initial referral a senior member of staff carried out an assessment of the person's needs. This was to find out what their needs were and if the service was able to meet them. The registered manager told us the assessment involved reviewing documentation from health and social care professionals along with speaking with the person and their family members where appropriate to do so. They explained, "When we get a referral, if there is a next of kin we contact them. We ask the service user if they want their family to be there when we carry out the assessment." In this way they told us they got a full picture of the person and what they wanted from the service. Records confirmed that assessments were carried out. These looked at needs related to personal care, medicines, communication and moving and handling. They also covered the person's ethnicity, preferred language and religion. However, they did not cover issues related to the person's sexuality. We discussed this with the registered manager. They said they would include this in future assessments and shortly after our inspection they sent us an updated assessment template which included space for recording details of this.

Staff were supported to develop knowledge and skills to aid them in their work. New staff undertook an induction training programme. This included a mixture of classroom based and online training along with shadowing experienced staff members to learn how to support individuals. One staff member said, "They did shadowing with me and some on-line training. I was shown how to use a hoist and about first aid."

The registered manager told us and records confirmed that new staff were expected to complete the Care Certificate. This is a training programme designed specifically for staff who are new to working in the care sector. Records showed training was on-going for staff and included training about medicines, end of life care, the role of the care assistant, diabetes, infection control and food hygiene.

Records showed staff had regular one-to-one supervision meetings with a senior member of staff. This included discussions about training, people who used the service and performance. Staff told us they found this helpful. Staff also had an annual appraisal and review of their performance which provided the opportunity to discuss areas for growth and improvement in the coming year.

Where people were supported with meal preparation this was detailed in their care plans. For example, the plan for one person provided details about their preferred breakfast, stating, "Two Weetabix with three tea spoons of sugar and warm milk. Cup of tea with milk and three tea spoons of sugar." People's food likes and dislikes were listed in care plans. A person told us, "They come in and help me with my meals and they do a good job." Staff told us they offered people choices over what they ate and drank. One staff member said, "When we get there we ask them what they want for their breakfast. If they can't talk we bring it out and

show them and let them choose."

The service worked with other agencies to promote people's health, safety and wellbeing. Records showed the service had made referrals to other agencies such as the district nursing service and occupational therapy team where appropriate. Staff told us if they found a person was unwell they would inform the office, the person's relative and call for an ambulance or GP, depending on the situation. Care plans included contact details of people's relatives and GP's which meant they were easily accessible to staff should the need to use the arise. One person told us, "[Staff member] is very observant and noticed that last weekend I wasn't too well and they contacted my relative."

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.

The registered manager told us the service did not carry out mental capacity assessments. If this was required, this was the responsibility of the local authority. Staff were aware of the importance of supporting people to make choices over their daily lives and relatives were involved in making decisions where people lacked the capacity to do so themselves.

Good

Is the service caring?

Our findings

People told us staff were caring and that they were treated respectfully. One person said of their care staff, "Yes, they are kind and caring, oh very much so." Another person said, "They are kind and caring and sometimes we chat." A third person told us, "I like them all, they are all really nice to me." A relative said, "If the carer deals with my [relative's] personal care they are always very respectful."

The registered manager told us various factors were taken in to account when devising the staff rota and deciding which staff worked with which people. For instance, people were able to choose the gender of their care staff. They also sought to match staff with people who understood their needs in relation to ethnicity and culture. In this way, they sought to provide people with staff they felt comfortable with. To promote continuity of care the registered manager told us the same staff worked regularly with the same people so they were able to build up trusting relationships. When a staff member had to cancel a sift, the information stored on computer had details of which other staff had worked with the relevant person before. This meant the service was usually able to provide a replacement care staff the person already knew.

Staff were aware of the importance of promoting people's privacy and dignity and explained how they did so. One member of staff said, "When supporting people with personal care, make sure the doors and curtains are closed. Make sure the person is alone." They went on to say, "Normally my approach is to go in and have a chat with them. Depending on what they can do I encourage them to do what they can. For example, I will give them the flannel so they can wash their faces." Another staff member told us, "I have to treat them with respect. I ask them if they are ready for their care and if they say no I have to respect that and let my manager know. I give the clients the time to do things by themselves." A third member of staff said, "No matter what, if you want to touch them, [when providing support with personal care], you have to check with them if its ok." The same member of staff also told us, "You have to talk to them in a respectful and polite manner. You ask if they are ok, how they are feeling, so they know you care for them."

To promote independence care plans set out what people were able to do for themselves and what they required support with. For example, the care plan for one person stated, "[Person] is able to dress and undress themselves but needs assistance with getting clean vest and pants."

Care plans included information about supporting people with communication. The registered manager told us all the current people using the service spoke English. They added they would not take on a care package where the person spoke a language that none of the care staff were able to speak. This helped the service to support people with heir communication needs.

Steps had been taken to promote and protect people's right to confidentiality. Consent forms had been signed by people to give their permission for the service to share information about them with relevant persons. The service had a confidentiality policy in place and staff were aware that they were not permitted to disclose information about people to unauthorised persons. Confidential records were stored securely on password protected computers and in locked filing cabinets.

The service sought to support people's needs in relation to equality and diversity. The registered manager told us the service supported people who identified as being LGBT and people from ethnic minorities and they said the service did not discriminate against people on the grounds of their sexuality, ethnicity or religion.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "You know [staff member] just gets on with the job and does it well." Another person told us, "We have got ourselves in good routine it all works very well. They are quick on the uptake and use their imitative when they see what needs doing."

Care plans were in place which set out how to meet people's needs in a personalised manner. Staff told us they were expected to read care plans and demonstrated a good understanding of people's support needs. The care plans had been signed by the person or their relative where appropriate. This showed people were in agreement with the content of their plans. The registered manager told us plans were developed in collaboration with people and their relatives. Plans were person centred based on the needs of each person. For example, the care plan for one person stated, "I would like staff to assist me with applying cream to my legs before putting on my T.E.D. stockings." Thrombo-Embolic-Deterrent (T.E.D.) stockings are anti-embolism stockings that improve blood circulation in the leg veins.

Care plans were subject to review which meant they were able to reflect people's needs as they changed over time. The registered manager said, "If there is a need, maybe someone goes in to hospital, we go out and do a review."

Daily records were maintained which detailed the support provided at each visit. These were checked by the registered manager and enabled them to monitor the on-going support the person was receiving.

People told us they knew how to complain if required. The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Each person was provided with their own copy of the procedure to help make it accessible to them.

Records were kept of compliments received. One person had written to the service that, "[Named staff member] is wonderfully friendly and helpful and really knows how best to help me. It feels like I have an old friend come to help." Another person wrote, "I look forward to [named staff member] coming each day. They are so respectful and kind. They are always punctual and thorough. They are professional with high standards." A relative wrote, "They are very good with [relative] and [relative] seems to enjoy them being there."

The registered manager told us that no one was receiving end of life care at the time of our inspection. Where they had previously provided this service, end of life care plans were in place and records showed they had worked collaboratively with other agencies to support people. Some staff had undertaken training in this area and other staff were booked to attend this training.

Good

Is the service well-led?

Our findings

People told us they found the senior staff easy to work with and helpful. One person said, "I know the manager, they are very professional." Another person said, "I don't know the manager but I do deal with the office and they are very good, I have no complaints at all." A relative said, "I would recommend this agency to someone else."

The service had a registered manager in place. They were also the owner of the business. They were supported in the day to day running of the service by three office based staff. Staff spoke positively of the leadership team and of the registered manager. One staff member said, "[Registered manager] is lovely. From the minute I stepped in the door they were so welcoming, they are fair and accommodating." Another staff member said, "[Registered manager] is good because they like things done the right way. I like that they can go to give care, that's really good." A third staff member said of the registered manager, "They are a good manager, very nice to me. When it comes to training, they have done so many things to help me."

Each week day the senior staff working at the office held a catch-up meeting. The registered manager told us this was to see if there was anything significant or new that needed to be addressed. We observed the meeting on the day of inspection and saw it included discussions about contact with local authorities, if there were any cancellations of appointments and if anyone was in hospital.

The registered manager said the care staff were grouped into two teams, each team corresponding to people who used the service from one of two local authorities who commissioned care from them. A WhatsApp group had been set up for each of the two teams so it was easy to communicate swiftly and effectively with every member of the relevant team. Separate team meetings were held for each team, this meant it was possible to have in-depth discussions about best practice in relation to people that staff worked with. Minutes of team meetings showed they included discussions about people, communication, medicines and the on-call system. The registered manager told us they had regular contact with staff, telling us, "On a Friday we do a ring around of staff, it's a way for them to raise any issues without having to wait for supervision." Staff we spoke with confirmed this.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people who used the service. Senior staff carried out monitoring visits which involved them visiting people and their relatives in their homes to see how things were for them. Records showed these visits checked if people were happy with the contents of their care plan, if staff treated them respectfully, if they felt safe, if they felt listened to and if office staff were easy to get hold of if needed.

Quarterly surveys were carried out to seek the views of people and their relatives. These looked at the attitude of staff, respect shown, punctuality, reliability, consistency of staff and completion of duties. We looked at recent completed surveys which contained positive feedback.

Records showed the service carried out spot checks. These consisted of a senior member of staff carrying out an unannounced check on a member of care staff at a person's home. A staff member who carried out

these checks said they were looking to see that, "Dress is appropriate, are they wearing their badges. Do they do what's in the care plan, their rapport with the client." A staff member who was subject to spot checks said, "[Senior member of staff] watches what I am doing, did I wash my hands, did I greet the client properly. After I finish they tell me what they thought." Various audits were carried out by the registered manager. These included audits of care plans, daily records and medicine records.

The registered manager worked with other agencies to network and develop good practice. The service was a member of the UK Homecare Association which is a trade body for domiciliary care agencies. They provided information to the service which the registered manager described as 'helpful'. The registered manager attended provider forums that were run by the two local authorities who commissioned care from the service. They added they also received training from the local authority. In addition, they attended meetings hosted by Skills for Care who provided relevant information to them about the care sector and training.