

# Pro Support Re-enablement Care Agency Limited

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### Inspection report

Suite 308, 3rd Floor, Crown House  
North Circular Road  
London  
NW10 7PN

Tel: 07947890450






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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Good</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Pro Support Re-enablement Care Agency Limited provides care at home to people. They provide the regulated service of personal care to older people some of whom are living with dementia and may have physical disabilities or sensory impairment. At the time of our inspection 9 people were receiving a service from the agency.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People had person centred care plans that outlined how they wanted their care to be provided. Information in the plans was mainly good and detailed for staff guidance. The registered manager also risk assessed to mitigate the risk of harm to people. However, on some occasions information was incorrect or omitted and this meant staff might not have all the information they require to offer a good service to the person. This had not been identified and addressed during care record audits.

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

The registered manager and care workers supported people to access appropriate health and social care for their well-being.

People and relatives spoke positively about the care workers. They described them as caring and told us they usually arrived on time and communicated well with people. Relatives were pleased they had a consistent staff team and felt this was a strength the service provided.

The provider followed a safe recruitment process and training and support was provided to staff to help them to undertake their role. The registered manager undertook spot checks to ensure staff maintained good practice and spoke with people and relatives to get their feedback. People, relatives and staff found the registered manager approachable and responsive when they raised concerns.

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

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published on 24 September 2019). At that inspection we found three breaches of the regulations in person centred care, safe care and treatment and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made. The provider was still in breach of the regulations regarding person centred care and good governance. This was because omissions and misinformation in care plans had not been identified and addressed through the audit processes.

#### Why we inspected

This was a planned inspection based on the previous rating

We found no evidence during this inspection that people were at risk of harm  
Please see the sections of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Pro Support Re-enablement Care Agency Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector undertook this inspection.

#### Service and service type

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

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

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We met the registered manager at the office location on the 19 September 2019. We looked at the care records for three people who used the service, and three staff recruitment, training and support records. We also reviewed records of safeguarding adults, complaints, incidents, accidents and quality monitoring.

#### After the inspection

We telephoned and attempted to speak with six people or their representatives. We were successful at speaking with one people who used the service and two relatives of other people. We also telephoned and spoke with three care workers and a senior care worker.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our previous inspection in July 2018 we found a breach of the regulations about managing risks to people. This was because risk assessments undertaken did not provide enough guidance for staff. At this inspection we found the provider had in most instances completed risk assessments and was providing appropriate guidance for staff.
- The provider had assessed and mitigated risks to people by providing guidance for staff that included falls, diabetes, pressure ulcers, behaviour and environmental concerns. For example, staff were given guidance to ensure one person's hearing aid was working and to change the battery if necessary to ensure they could hear their smoke detector if it sounded.
- However, we did identify one instance where a risk assessment for the use of a stair lift was not in place. The registered manager undertook to review this omission.

### Using medicines safely

- At the last inspection in July 2018 the provider did not always ensure staff had all the information needed to administer medicines appropriately. At this inspection we looked at the sample of medicines records available to those people receiving medicines support. We found medicines administration guidance was improved. When people were supported by a family member this was recorded clearly in their records.
- Records reviewed gave the medicines name, dosage, and time to be administered. In addition, the use of each medicine was recorded for staff information. We noted the time of the administration of one medicine was missing and brought this to the attention of the registered manager to be entered for staff guidance.
- The medicines administration records reviewed were completed appropriately by care workers. The registered manager completed an audit with the staff member present during their spot check visit. They told us this meant they could address any errors immediately with the individual care worker.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager had reported safeguarding concerns to the appropriate authorities. They told us they checked people's daily notes, met with staff and people using the service to ensure any concerns were not overlooked.
- Care workers received safeguarding adults training and they were able to describe how they would recognise signs of abuse. Their comments included, "Yes, we did the training...any issue or abuse we must fill in a form and report to the proper person [registered manager]," and "Because I go to the same people if they were sleeping a lot or depressed I would know straight away something was wrong."

### Staffing and recruitment

- The provider ensured they had adequate staff to meet people's support needs. The registered manager described how they had recruited experienced staff when another care agency had closed. They were offering a service to ten people and had seven care workers. The care calls were covered by these staff adequately. The registered manager told us they would also provide hands on care if extra cover was needed.
- The registered manager told us staff received a rota every two weeks and were allocated to the same people to provide consistency of service. Staff provided cover for each other when there was a staff absence. People and relatives told us staff did not miss care calls and usually arrived on time. Their comments included, "They are usually on time," and "They do arrive generally on time, if they are running late they will phone me to let me know."
- The registered manager told us they had learnt their staff were happier if they were not travelling across a large area. As such care calls were now arranged to be closer together and this avoided long delays and the provider paid staff travel time. Staff signed a log in and out sheet. The registered manager undertook spot checks to ensure staff were recording accurate times and attending as scheduled.
- The provider recruited staff in a safe manner. Prospective staff completed an application form. They attended an interview where appropriate questions were asked by the registered manager to assess the staff aptitude for a caring role. The provider undertook checks of identity and criminal records. They followed up previous work references to check staff employment history.

### Preventing and controlling infection

- Care workers had received infection control training and told us they were provided with personal protection equipment (PPE) to support them to avoid cross contamination. A relative confirmed, "Carers always wear gloves and aprons."
- The registered manager told us that care workers came to the office to pick up supplies of (PPE). One care worker told us, "Yes, they supply aprons and other materials." The registered manager used spot checks to observe if staff were using PPE appropriately.

### Learning lessons when things go wrong

- The registered manager told us how they had learnt from a safeguarding incident which occurred earlier in the year. Due to an oversight and change of the usual paperwork, a package of care had not restarted as requested by the commissioning body. The registered manager said, "I don't assume, I really look at the fine print documents as it can change...I always clarify with them [social services] to make sure and do checks if the client is in hospital to see if they have been discharged." They felt that their communication with commissioning bodies was now clearer to avoid similar errors being made.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection we recommend that the provider review their care practices in line with national guidance on the MCA 2005. We found the registered manager was doing this.
- People who had capacity signed their care plans to demonstrate they consented to their care and treatment. One person's relative signed for them as they were physically unable to do this for themselves. Their care plan indicated they currently had capacity to verbally consent to their day to care and had agreed their relative could sign on their behalf.
- The registered manager was able to demonstrate to us they knew relatives could only sign if they held Lasting Power of Attorney. (LPA) This gives people the legal right to choose a representative to act on their behalf should they no longer have the capacity to make decisions. Where a relative had signed a care plan, they had asked the relative for documentation to evidence LPA was in place.

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

- The registered manager visited people prior to offering a service to ensure they could meet their support needs. One person's initial assessment was brief as they were in hospital. The registered manager had returned to visit them in their home several days later to capture further information to inform their care plan.
- The registered manager described how they undertook a person-centred assessment by talking with the person about their preferences. They also spoke with people's relatives and reviewed the social services

support plan. They explained they observed the person during the assessment to understand their how they communicated their wishes and understood what was being said to them. This information was then provided for staff in the care plan.

Staff support: induction, training, skills and experience

- Staff attended induction and orientation training when they commenced their role. The training included, person centred care, service users' rights, confidentiality, principles of care and record keeping. Care workers received training for the care certificate, a nationally recognised care award. Further training included for example, safeguarding adults, medicines, mental health and in some instances first aid.
- Care workers told us they had received training and found it useful. A care worker told us, "Manager is good, they provide good training, just the normal, moving and handling and safeguarding adults." Another care worker told us, "Yes, enough training, if we need more we ask for more training. It's ok."

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

- Care plans contained information about who supported people with their meals and if they had dietary considerations. One person's care plan stated for example, they had a poor appetite. Staff were instructed to keep prompting them to eat and drink. The care plan stated clearly the care worker's role in supporting the person and what role the relative took.
- Some care plans contained information about foods people liked. For instance, spicy foods and culturally specific foods. The registered manager gave us examples of meeting one person's cultural meal choices, where their relatives left dishes to serve and staff supported them with encouragement to eat. They told us what they would do if required to meet new people's diverse meal choices such as support to prepare halal or kosher meals.

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 and staff were supporting people to access the appropriate services. One relative told us the registered manager had supported them in accessing the appropriate health and social care services for their family member. They said, "The registered manager advocates for us, helps and is very supportive."
- Another relative described how their care worker supported their family member to undertake physiotherapy exercises as shown on the therapist's exercise guidance sheet. This facilitated the person to remain more mobile in their movements.
- Care workers had recognised signs of ill health and contacted the GP for district nurse support. They had supported people following falls by calling the emergency services and waited with them until it arrived. They had also informed people's relatives appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives and people spoke positively about the care workers. Their comments included, "Yes, they [care workers] are kind and very passionate about their work," and "The carers are fine I get on well with them."
- Staff told us how they ensure people are well supported. Their comments included, "I build a relationship with them. When I go there I introduce myself and have a conversation or a chat ... I take it upon myself to pay them proper attention," and "I chat to them, they do like talking to you. It is such a personal thing going into someone's home, its private to them. They like to talk, they might only see us during the day."
- Relatives told us they had a consistent staff team. One relative said, "They are absolutely marvellous, such good carers, they are brilliant." Whenever possible the registered manager provided the same staff team to each person. This meant that people got to know their staff.
- The registered manager explained they matched staff with people, so they had the best chance of getting on with each other. They told us, "When I do interviews I match personalities. Not too loud a staff for a quiet person so there will not be too much noise." They had matched staff when people had diverse needs. This had included cooking foods from a specific culture.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's care plans stated when they were able to make a decision and how they communicated. For example, one care plan stated a person was living with dementia but was able to make choices. Guidance provided instructed the person wore a hearing aid and glasses and stated their preferred language.
- Care plans contained instructions to staff to promote choice and independence. One relative told us care workers communicated well with their family member who was living with dementia.
- Care plans stated what people could do for themselves and when they required staff support. Care workers told us how they promoted people's independence. Their comments included, "I let [person] do what they can, I prompt them," and "I encourage them, I say, it will not always be like this, you will be alright and be able to go on with your life and regain your health."
- Staff told us they maintained people's dignity by promoting independence and respecting their privacy. One care worker said when supporting with personal care, "Cover them when washing them and you close the door, treat them with proper respect."

# Is the service responsive?

## Our findings

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

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

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection there was a breach of the regulations about person centred care. This was because care plans did not always contain important information or reflect people's preferences.
- Care plans reviewed were improved. This was because they were more person centred and most contained relevant information. However, whilst most information was informative and accurate there was on occasion information missing and some inaccurate information.
- We noted one care plan did not state a person had diabetes and therefore were surprised to find in their risk assessment they had diabetes. In the risk assessment there was good guidance but unless staff looked at the risk assessment they would not have been aware of the person's diabetic status.
- Another person's care plans contained some inaccuracies, for example, referred to a specific family relative when there was not a relative of that status. On several occasions an incorrect name was in the care plan. There was reference, to using a walking stick when the registered manager confirmed the person used a Zimmer frame. Also, the person's daily notes referred to a sliding sheet being used when the care plan stated this equipment was not used. Whilst there had not been a clear negative impact from these typos and inaccuracies the care plan was not always reflecting the person and their support needs accurately

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

- Relatives and people's comments about their care plans included, "Care plan? I think we do [have one]" and "Care plan? I don't know." However, all relatives and people agreed the registered manager called to see them and confirmed care was delivered as they wanted it to be done.
- Staff told us they found the care plans helpful. Their comments included, "Care plans are like your bible, you have to read it, otherwise you don't know who they are or what to do for them," and "Yes there are care plans, tomorrow they can change, we review the care plan and we report any changes and they review. However, one staff told us there was sometimes a delay before a person's care plan was in place for staff reference.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people receiving a service lived with their relatives who took responsibility for their social activities. Care plans reviewed did contain some very basic history of people and their activity preferences, such as a

specific television programme but information about pastime's was limited. This meant staff might not easily find topics to engage people or encourage them to undertake activities they might enjoy.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had produced information for people and relatives using the service. It was clear and informative. They had produced some easy read information with symbols to support them to feedback about the service they received without having to write comments.
- The registered manager also met with people and their relatives during spot check visits, so they could verbally share information or discuss any concerns.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and policy. They had provided people and relatives with information stating how they could raise a complaint. At the time of our inspection no complaints had been recorded. The registered manager described how they would address, investigate and apologise if a complaint about the service was made. They had forms available to make complaints and to investigate complaints.
- People and relatives told if they had a concern they would contact the registered manager who they thought would always address any problem. Their comments included, "I have no complaints, I'd describe them as fine," and "[Registered manager] listened to me when I wanted consistent carers. Now I have the same three carers...we are very happy"

#### End of life care and support

- The registered manager confirmed they were not offering end of life care to people using their service currently. As such, there were no end of life care plans. The registered manager told us should a person require end of life care they would, "definitely get trained staff to look after the person, or from their own staff they would identify the right staff with the right attitude and patience and provide training."
- They told us, they would work with the district nurse, GP, palliative care team and family members to provide good care to the person. They clarified they would approach Skills for Care, a national training resource, for end of life training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection in July 2018 we found a breach of good governance. This was because we found the provider did not have effective systems to assess, monitor and improve the quality of the services provided to people.
- At this inspection we found the provider had improved quality oversight. There were for example, care plan audits in June, July and August 2019 where they reviewed each person's care records. However, there were still some further oversight required about the quality of care plans as there were some references to other service users and inaccuracies in one care plan. In other plans a risk assessment for use of a chair lift was not undertaken. In addition, there was the occasional oversight where information was not included in the care plan or risk assessment.

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

- Notwithstanding the above, spot checks were taking place to ensure staff attendance and to confirm the quality of the service provided. Staff time keeping was checked against the log in sheets. Daily logs were completed and scrutinised to ensure incidents, accidents and safeguarding concerns were being reported appropriately by staff.
- The registered manager undertook audits of medicine administration records and checked with prescribing health professions and pharmacist when changes to medicines had been made. The registered manager was supported in the office systems by a part time administration officer.
- Whilst all staff spoke positively about the agency and the support they received one staff member felt the office processes were not always undertaken in a timely matter. They gave examples which included supplies, pay slips and care plans being delayed on occasion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they understood their duty of candour. They were able to tell us when they had a legal duty to notify the CQC. They had sent us information in the past year when it was requested. The registered manager told us they shared outcomes of safeguarding, incidents and near

misses with the staff. They told us they discussed incidents with staff during the staff meetings and welcome staff input.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they felt the registered manager listened to them. The registered manager visited people in their homes, to get their feedback and acted on the comments made. They had provided people and relatives with a contact number should there be any concerns both during the week and at the weekend. The registered manager sent out quality survey checks at intervals throughout the year to obtain a "snapshot." This was in an easy read format for people to complete and return.
- One relative told us, "I think overall they have been better over the last year... [Registered manager] responded to my comments." Another relative said, "Nothing but good! Not excellent but good. I'm happy with them."
- Staff all told us they felt well supported by the manager, they confirmed they met with them for staff meetings, supervision and training sessions. They felt the agency provided a good standard of care. Their comments included, "It's going well, nothing to complain about, manager is good," and "[Registered manager] supported well by them, just nice...I am happy working there," and "Well supported by [registered manager]."
- The registered manager demonstrated they had listened to staff. For example, when staff complained travelling across post codes caused delays they had planned care calls for each care worker within the same post code.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their learning updated. They attended Skills for Care network meetings and the registered managers forum in the local authority each month to discuss changes in care legislation and good practice. The registered manager told us, "We discuss our services, training and support each other."
- The registered manager also subscribed to Age UK, they described reading publications and signposting relatives to go to Age UK to obtain advice about their family member and their benefit entitlements. They displayed leaflets from Age UK for staff information in the office.

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  Care planning records were did not always appropriately reflect people's needs and preferences.  Regulation 9(1) (a) (b) and (c)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems to monitor and improve the quality of people's care plans Regulation 17(1)(2)(a)(b)(c)