

Proactive Medicare Limited

Proactive Medicare

Inspection report

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Date of inspection visit:
21 April 2017
28 April 2017

Date of publication:
07 June 2017

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Proactive Medicare Limited provides personal care and support to people in their own homes.

The inspection was completed on 21 April 2017 and 28 April 2017 and was announced. At the time of the inspection there were five people who used the service.

There was a registered manager in post who was also the provider. 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.

Quality assurance checks were not in place to enable the provider to assess and monitor the service in line with regulatory requirements or to improve the quality and safety of the service. The provider's arrangements were not as robust as they should be as they had not recognised the issues we identified during our inspection.

Proper recruitment checks had not been completed on all staff before they commenced working at the service and processes had not been operated in line with the provider's own policy and procedures. Suitable arrangements were not in place to ensure that newly employed staff received suitable training opportunities, a robust induction and formal supervision and 'spot visit' checks. Minor improvements were required in relation to medicines management.

Suitable control measures were not put in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered and risk assessments had not been developed for all areas of identified risk.

People told us that they were kept safe. Staffing levels were suitable to meet people's needs. People told us that there had been no missed or late calls and only a few occasions where staff were late. People's healthcare needs were managed well and they received appropriate nutrition and hydration each day according to their needs.

People spoke positively about the way staff treated them and reported that they received appropriate care

and support. Staff demonstrated a good knowledge and understanding of the people they cared for and supported. People told us that their personal care and support was provided in a way which maintained their privacy and dignity. We found that people's care plans reflected current information to guide staff on the most appropriate care people required to meet their needs.

You can see what actions 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 ●

The service was not consistently safe.

Improvements were required to the provider's recruitment procedures so as to safeguard people using the service.

Proper arrangements were not in place to manage and mitigate all risks to people's safety.

Appropriate arrangements were in place to ensure that there were sufficient numbers of staff available to support people who used the service.

Relatives confirmed that in their opinion their member of family was kept safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive effective induction and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard or to meet people's needs.

Staff were not effectively supported in their role through regular formal supervision and 'spot visits.'

People's nutritional and healthcare needs were identified to ensure that they received proper support from staff.

Is the service caring?

Good ●

The service was caring.

People told us that they were treated with kindness and consideration by staff.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

People told us that they were treated with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's support plans reflected all the information needed to guide staff on the most appropriate care and support required to meet their needs.

Appropriate steps had been taken by the provider to ensure that people who used the service and those acting on their behalf could be confident that their complaints would be taken seriously and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had failed to recognise and identify the shortcomings in the service so as to improve the quality and safety of the services provided.

We found that the provider had failed to implement a robust quality monitoring system that operated effectively to ensure compliance with regulatory requirements.

Proactive Medicare

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 checked 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 21 and 28 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. On 28 April 2017 we undertook visits to three people's homes and were accompanied by the provider's deputy manager. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with three people who used the service, the provider, deputy manager and the office administrator. Following the inspection we contacted five members of staff. We asked them to contact the Care Quality Commission so that we could gain their views about what it was like to work at the domiciliary care agency. Three members of staff contacted us.

We reviewed four people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.



Our findings

The provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Staff recruitment records showed that the provider's recruitment practices were not safe and had not been operated in line with the provider's own policy and procedure or with regulatory requirements.

We found that satisfactory evidence of conduct in their previous employment, in the form of written references, had not been received for four out of six members of care staff prior to their employment at this service. In addition, there was only one written reference instead of two for two members of staff. Written references were not evident for one person who was classified as a student and on work experience. No proof of identification was available for one member of staff and no recent photograph had been sought for any staff employed at the service. We also found that two members of staff had commenced employment prior to a Disclosure and Barring Service (DBS) certificate being obtained. There was no evidence to show that either member of staff was supervised and the above decision to commence employment had not been risk assessed. We wrote to the provider and asked them to clarify what steps had been taken to obtain a DBS certificate for both members of staff and were advised that these had now been requested following our inspection and the staff members were not working unsupervised until these were obtained.

Furthermore there was no information recorded as part of good practice procedures relating to the interview for three members of staff. A written record had not been completed or retained to demonstrate the outcome of the discussion and the rationale for the appointment. This showed that robust measures had not been undertaken to retain information recorded so as to enable the provider's representative to make an initial assessment as to the candidates relevant skills, competence and experience for the role and; so as to narrow down whether or not they were suitable. We discussed the above with the provider and office administrator and they were unable to provide a rationale relating to the shortfalls identified.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were not always in place to manage risks to people's safety. Where assessments were in place we found that these solely related to people's manual handling needs and environmental risks. Other risks relating to people's health and wellbeing had not been considered. For example, no risk assessment was evident for one person who required catheter care and the associated risks, such as, catheter blockage, pain and discomfort to the person. Furthermore, risk assessments had not been

considered for people who had bedrails and pressure relieving equipment in place. Although there was no impact to suggest that people's needs were not being met, the above risks had not been identified or anticipated and people were at potential risk of receiving care and support that was unsafe and did not meet their needs.

At the time of this inspection only one person was having their medication administered by staff. The person confirmed that they received their medication as they should. Although the daily records for this person suggested their medication was administered by staff each day, a Medication Administration Record [MAR] was not available or completed by staff to confirm the medication administered. We discussed this with the deputy manager and they advised that a MAR form would be provided with immediate effect. Additionally, daily care records for the same person showed there were occasions whereby the person refused to take their medication and three occasions where they did not have their medication as none or some of their medication had not been available. No information was available to show what action was taken by staff or that this had been followed-up by the provider with staff. We discussed this with the provider and they told us that they would monitor this in the future.

People told us they were safe and had no concerns about their safety. One person told us when asked if they felt safe when staff entered their home, "Oh, definitely I am safe." Another two people confirmed they had no concerns about their safety or welfare. One person confirmed they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home, particularly at night. Careline is run by an external organisation and provides a responsive service to people living in their own homes where they require medical attention or emergency assistance. They also confirmed that key safe arrangements were in place as a means of providing access for staff to enter their home. The deputy manager advised that care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

Information held by the Care Quality Commission confirmed there had been no safeguarding concerns relating to the service since the provider was registered in May 2016. The staff training records provided showed that staff employed had received safeguarding training via their previous employer. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident that all members of the management team would act appropriately on people's behalf.

People told us that there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan. People told us they had a consistent team of staff supporting them. People told us that staff stayed for the full amount of time allocated and in some instances stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. One person told us, "The girls always stay even if it means they stay longer than they should." People confirmed there had not been any missed calls and that where staff were running late, on occasions they were contacted by the member of staff. One person told us, "Occasionally staff are late but it is not a problem."



Our findings

The training records showed that not all staff had been provided with training required for their roles to ensure their knowledge and skills were up to date for the delivery of safe and effective care. The provider and office administrator initially confirmed that all staff were registered to undertake online 'e-learning.' However, when we reviewed these arrangements we found that no 'e-learning' topics had been completed for one member of staff since commencement of their employment in January 2017 and for a further four members of staff they had not yet been entered onto the online 'e-learning' system. Staff spoken with confirmed they had not received training since being employed by Proactive Medicare Limited and that training undertaken was via their previous employer.

We found that three out of six members of staff did not have evidence of up-to-date manual handling training despite two people who used the service requiring support by staff to provide manual handling assistance. Although we found no evidence to suggest that either person had received inappropriate care and support at these times, we were not assured that staff employed by the service had received adequate training so as to reduce any potential risk of injury and harm to staff and people using the service. We discussed this with the provider and following the inspection the provider confirmed that one member of staff was booked for training on 11 and 12 May 2017 and the deputy manager was booked to attend a 'train the trainer' course. Additionally, the care plan for one person also showed they had a catheter fitted and required staff to administer their medication. Training records showed that none of the staff had received catheter training and not all staff had up-to-date medication training. This meant that we could not be assured that staff employed at the service had the skills, competence and confidence to undertake these tasks safely and to a suitable standard.

The provider confirmed that all newly employed staff received an induction. They told us that this could be flexible according to a member of staff's previous experience and level of competence. Although the majority of staff had previous experience of working within a care setting, no evidence was available to show they had attained either a National Vocational Qualification [NVQ] or a qualification undertaken via the Qualification and Credit Framework [QCF]. Whilst the provider confirmed that the 'Care Certificate' or an equivalent formed part of the induction process, this was not evident or available for staff employed at the service. This meant there was no evidence to show that the provider had assessed their competency against the core standards as outlined within the 'Care Certificate' or an equivalent robust induction program so as to assure themselves that staff were skilled and competent for their role. We discussed the above with two members of staff. Staff confirmed they had not received an induction or conducted any 'shadow shifts.'

Although the majority of staff employed at the service were recent appointments, two members of staff had been employed by the provider since the end of January and beginning of February 2017 respectively. Neither member of staff had received formal supervision or been subject to a 'spot visit' by a representative of the organisation since this time. The latter is where a representative of the organisation calls at a person's home so that they can observe staff as they go about their duties. Staff told us that they felt valued and supported by the organisation, in particular by the deputy manager.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We checked whether the service was working within the principles of the MCA.

The majority of staff employed at the service had not received Mental Capacity Act 2005 (MCA) training. Staff spoken with were not able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. However, from our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us that staff where appropriate provided support with meal preparation and the provision of drinks and snacks at the times they needed them.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would initially discuss these with their family member or a member of staff. The deputy manager told us if staff were concerned about a person's health and wellbeing they would relay the concern to the office for escalation and action.



Our findings

Overall people and those acting on their behalf told us that staff cared for them or their member of family in a caring and compassionate way. People told us that they were treated with care, kindness and compassion. One person told us, "The girls are absolutely brilliant. I cannot fault the care and support I receive." Another person told us, "The girls are quite good. The girls are cheerful and I can have a laugh and joke with them. Overall the care I get is good. They [staff] do what is required and asked of them." When asked if they would recommend the service to others, each person confirmed they would.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with some aspects of their personal care. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect by staff. People told us that although staff used the 'key safe' to gain entry to their home, staff always called out to them to let them know they were entering and to confirm who they [staff] were. People told us that staff used the term of address favoured by the individual when communicating with them. In addition, people told us that they were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.



Our findings

People told us that they received good personalised care that was responsive to their needs. The provider told us and the Statement of Purpose confirmed that recommendations and referrals to the service were made through direct payments or personal budgets and Continuing Health Care [CHC]. Referrals and enquiries were also received by the service from people wishing to contract privately with the organisation. An initial assessment was completed by the organisation and the information gathered was used to inform the person's support plan.

People's support plans included the level of support required, the number of staff required to provide support each visit, the length of time for each visit and additional duties and tasks to be undertaken by staff. Records also showed that assessments relating to moving and handling and the environment were completed. However, as stated previously, improvements were required to ensure that risks to people's health, wellbeing and safety were identified and recorded. No evidence was available to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. The provider was advised that information to evidence this process should be included to show people and those acting on their behalf had been involved in the assessment process and where appropriate had signed to state that they agreed with the content of the support plan.

Guidance on how to make a complaint was given to people when they first started using the service and also recorded within the provider's Statement of Purpose. People spoken with knew how to make a complaint and who to complain to. People told us that they would feel able to raise any concerns, or make a complaint by speaking to their relative or a member of staff, in particular the deputy manager. The provider advised that since being registered in May 2016 one complaint had been raised. A record was maintained of the details relating to the complaint however there was no information available detailing the action taken by the provider to monitor the issues raised.



Our findings

Although the service had only started providing care to people from January 2017, the provider was registered with the Commission in May 2016 at which point they had to confirm via our registration process that they were aware of their duties under the regulations as a person wanting to register to deliver a regulated activity. The shortfalls identified during this inspection needed to be addressed and improved systems implemented to ensure that as the service grows people will be safe and care will be delivered in a way that is monitored and improved continually. Currently these systems and processes are lacking.

This was the provider's first inspection since being registered with the Commission. The provider was also the registered manager of the service. At the time of the inspection the provider did not initially have a copy of the guidance for providers on meeting regulatory requirements or a copy of the Key Lines of Enquiry [KLOE]. The latter is a document centred around five key questions which are used to establish whether a service is providing a suitable standard of care. When we spoke with the provider they were unable to demonstrate a good understanding of the fundamental standards and how this applied to the domiciliary care service. This meant that we could not be assured the provider knew what was fully required of them so that the service was run in the best interests of people who used the service.

The provider confirmed they used an external company to provide all of their quality assurance templates, however when we looked at these we found that they had not been used and were blank. The provider confirmed that no quality monitoring of the service or audits had been completed since the service was registered in May 2016. For example, the provider confirmed there were no suitable arrangements in place to monitor the number of visits made to people's home that were either 'missed' or 'late'. The provider stated that the only way they would know this was if the person who used the service or their relative contacted them or made a complaint. The rationale provided was that the service was still very small and people currently using the service and staff employed by the provider had only commenced with the domiciliary care service since January 2017.

Although the above arrangements were in place, it was evident that the absence of robust quality monitoring meant the provider had failed to recognise non-compliance with regulatory requirements sooner or any potential risk of harm to people using the service. Had the provider implemented a more effective quality assurance and governance process sooner, this would have identified the issues we found during our inspection. It would have also enabled the provider to identify where improvements were needed and to monitor and analyse any potential trends. This related to shortfalls in governance relating to staff recruitment, staff training and induction processes. Whilst the provider confirmed that people's daily care

notes were checked each month to ensure these were completed as they should be and to evidence the care and support provided by staff for people using the service, checks had not been undertaken. As already stated, no information was available to show what action was taken by staff or that issues highlighted had been followed-up by the provider with staff in relation to one person's medication. Despite these identified areas that required improvement, people were happy with the care being delivered and there had been no negative impact on people's health and wellbeing.

The provider confirmed that care packages for people using the service were to be reviewed at three monthly intervals. At the time of this inspection and because people currently using the service had only commenced with the service a short while, reviews had not yet been undertaken.

Formal meetings with staff had not been conducted so as to facilitate effective communication and to understand what was happening within the service. We discussed this with the provider and they advised that the only meetings that had taken place were with the organisation's finance and quality care assurance directors. This meant there was no formal system in place to share and exchange information within the different levels of the organisation. This is important to enable key messages required for all staff to be publicised at the same time.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate arrangements must be in place to ensure that recruitment procedures are effective and in line with regulatory requirements.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not protected people against the risks of ensuring that staff received appropriate induction, training, support and supervision.