

Profad Care Agency Limited

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Inspection report

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Date of inspection visit:
17 October 2022
01 November 2022

Date of publication:
13 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Profad Care Agency Limited is a domiciliary care agency providing personal care to 25 people in their own houses and flats at the time of inspection.

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

The provider had not ensured effective oversight of the service to ensure improvement in people's care and risks to people were mitigated.

The provider's systems and processes had not always ensured effective oversight of the safety and quality of the service.

We could not be assured people received their medicine as prescribed. There was inconsistent information recorded about dosage of medication. Improvements were required to ensure staff were up to date with the provider's required training and their competency was assessed.

Safe recruitment practices were not always in place. The provider failed to follow their own procedures for the safe recruitment of staff.

We were unable to confirm staff members stayed with individuals for the allotted period of time. People told us staff left early on numerous occasions.

Systems and processes were in place to protect people from the risk of abuse. Staff had a good understanding of how to keep people safe and how and to report concerns. The provider and manager promoted a positive culture that supported choice and independence as much as possible. People's social, cultural and religious needs were met.

The management team worked in partnership with other professionals to ensure good outcomes for people.

People, relatives and staff were invited to give feedback on care which was reviewed by the manager and monitored for themes. Staff received regular supervision and appraisal and felt well supported by the new manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 July 2021). At this inspection we found the provider remained in breach of regulations and the service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

At our last inspection we recommended that staff files were reviewed, and risk assessments were implemented for any health conditions that may affect how staff can work. We recommended call times were reviewed and monitored to ensure people received care in a timely manner. At this inspection we found the provider had initially acted on the recommendations; however, they had failed to sustain the improvements.

At our last inspection we recommended complaints received were reviewed and responded to in line with the duty of candour. We saw this had taken place and the improvement had been sustained.

Why we inspected

We undertook this focused inspection to check whether the warning notice we previously served in relation to regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Profad Care Agency Limited on our website at www.cqc.org.uk

Enforcement and Recommendations

We have identified 2 continued breaches in relation to safety monitoring and managerial oversight of the safety and quality of the service at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

Special measures

The overall rating for this service is requires improvement. The rating for well-led continues to be inadequate and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Profad 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 months and had submitted an application to register. We are currently assessing this application.

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 provider or 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 sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 8 relatives of people using the service, about their experience of the care provided. We spoke with 9 members of staff including the manager, a care co-ordinator, a regional manager, quality assurance manager and four care workers.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement has been made and the provider was still in breach of Regulation 12.

- We could not be assured people received their medicines as prescribed. Medicine for 1 person had not been transcribed correctly on the Medication Administration Record (MAR) chart. There was inconsistent information about the prescribed dosage. It was unknown what actual amount of medication was prescribed. Systems and processes in place had not identified the concern.
- Medicine that has been prescribed as a short course, was incorrectly recorded on the 'as and when required' (PRN) section of the MAR chart. This meant there was no record of the date the medicine was received, the amount of medicine received, the strength of the medication and the amount required. Systems and processes in place had not identified the concern.
- People were supported by staff who had not received up to date training or had their competencies assessed. Not all staff who were administering medicines and supporting people with moving and handling tasks had received up to date training. This put people at risk of unsafe care.

The provider had failed to ensure staff had received the appropriate training and had their competence assessed to undertake their role safely. The provider had failed to ensure the safe and proper management of medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines on time and staff knew how they preferred to take their medicines.
- Individualised risk assessments were in place. Identified risks were clearly recorded in care plans to enable staff to support the person appropriately to mitigate risks. For example, 1 person who was at risk of falls had clear guidance in place which informed staff the person required prompting to walk with a walking aid and required the call alarm to be placed within reach when staff left the person's home.

Staffing and recruitment

At our last inspection we recommended that staff files were reviewed and risk assessments were implemented for any health conditions that may affect how staff can work. We recommended call times were reviewed and monitored to ensure people received care in a timely manner. At this inspection we found the provider had initially acted on the recommendations; however, they had failed to sustain the improvements.

- There were enough staff available to meet people's needs. However, we received feedback from people and their relatives that staff left some care visits early and logged out of the electronic system away from people's home. We raised this concern with a representative of the provider.
- Staff were not always recruited safely. Safe recruitment practices had not always been followed prior to staff commencing their employment. Risk assessments or additional monitoring were not in place to monitor staff performance when pre-employment checks were not satisfactory. Systems and processes in place did not identify the concern.
- Disclosure and Barring Service (DBS) checks were completed prior to employment. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us they felt safe with the staff that supported them in their home. One relative told us they felt confident staff would care for their relative and inform them if they were unwell.
- Staff were knowledgeable in safeguarding people and understood the signs of abuse and how to raise concerns if they needed to inside and outside of the organisation. Staff had access to a whistle-blower policy to support them with raising concerns.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises (Office location).
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were mostly learnt when things went wrong. There was an improvement in medicines management and systems were now in place to remove confidential waste. However, robust quality assurance processes were not always in place and there was a lack of oversight on the quality and safety of the service.
- Accidents and incidents were recorded and monitored for trends and patterns to review the circumstances and prevent future incidents.

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 our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection systems were either not in place or robust enough to demonstrate the provider had maintained effective managerial oversight of the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider has been rated requires improvement in the key question, Well-led in September 2020 and Inadequate in Well-led in May 2021. There had been a breach of regulation 17 for the previous 2 inspections. At this inspection, the provider had failed to take action to be compliant with the requirements and continued to be in breach of regulation 17. This meant people had remained at an increased risk of harm from failings identified at previous inspections and the provider had not made enough improvements.
- The provider's systems and processes failed in identifying errors or missing information in people's medicines management. We found prescribed medication transcribed to a MAR chart without the required information to enable staff to administer medicines safely and inconsistency with the amounts of medication required. This meant staff could not be assured the medication they were administering was as prescribed and placed people at risk of harm.
- The provider's systems and processes failed in identifying and monitoring staff training that was required or was out of date to ensure staff were kept up to date with best practice. Some staff had not received refresher training in medication administration and had not had their competency checked. Other staff had not received refresher training in moving and handling. The provider's policy required staff to receive the refresher training annually. This placed people at risk of harm from receiving support from staff who had not received the most up to date training and had their competencies assessed.
- The providers systems and processes had not identified a lack of satisfactory evidence of staff conduct in previous employment concerned with the provision of services relating to health or social care. The provider failed to ensure sufficient compliance in line with the requirements set out in schedule 3 when recruiting staff. This placed people at risk of receiving care from staff without additional monitoring in place, who had not been recruited safely and whose previous employment in health and social care services was less than satisfactory.
- The provider's quality assurance systems and oversight were in-effective. There had been no quality assurance audits undertaken by the provider or their representative for 12 months. The lack of oversight, in

the absence of a registered manager, meant that concerns found at the inspection had not been identified by the provider. The absence of oversight in quality assurance resulted in a failure to continuously improve the quality and safety of the service for people using the service.

Systems and processes had not been effective in monitoring the safety and quality of the service. This placed people at an increased risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a new manager in the service who had applied to become the registered manager. They were keen to learn the provider's systems and processes and were waiting for an induction into the registered manager's role, until then, systems and processes to improve managerial oversight required embedding into daily practice.

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

At our last inspection we recommended the provider reviewed complaints received to ensure they are recorded and responded to appropriately. At this inspection we found the provider had made the required improvements, however, these improvements required embedding into practice.

- The manager had a good understanding of the duty of candour and was open and transparent with people their families and other professionals if something went wrong.
- Complaints received had been reviewed and responses to the complaints had been recorded.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were invited to feedback on the service. Findings were reviewed to monitor and drive improvement where needed. However, some people told us they did not feel confident giving feedback to the service when the service did not meet their expectations.
- People and their relatives told us they were mostly involved in planning their care and relatives were kept updated with changes.
- Staff received regular supervisions and appraisal and were invited to team meetings. Staff told us they thought the new manager was supportive and approachable and keen to drive improvement in the service.

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was evidence of partnership working with other professionals such as GPs, diabetic nurses and falls prevention teams to ensure people's healthcare needs could be met. The manager had worked in partnership with the local authority to ensure people's changing needs were met.
- People were supported to be as independent as possible. One person told us they were being supported to learn how to use a mobility aid which meant they would be able to access the community safely with more independence.
- Staff spoke positively of their relationships with people. One staff member told us they enjoyed having 'banter' with people and also demonstrated good understanding of professional boundaries.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure staff had received the appropriate training and had their competence assessed to undertake their role safely. The provider had failed to ensure the safe and proper management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that systems and processes were effective in monitoring the safety and quality of the service.</p>