

Profad Care Agency Limited

Profad Care Agency

Inspection report

Unit 3 & 5
1 Bethwin Road
London
SE5 0SH

Tel: 02076390839
Website: www.profadcareagency.co.uk

Date of inspection visit:
28 May 2021
16 June 2021

Date of publication:
13 July 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Profad Care Agency is a domiciliary care agency which provides personal care and support to people living in their homes. The Care Quality Commission (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. Not everyone who used the service received personal care. At the time of our inspection the provider was supporting 94 people in the London Borough of Southwark.

People's experience of using this service

Risks to people's health and wellbeing were identified and effective measures put in place to mitigate these. Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to report any concerns they had with people's safety. People's medicines were managed safely by staff who had received the relevant training. The provider followed safe recruitment processes. There were safe infection control procedures to reduce the risks associated with the Covid-19 pandemic. The provider had not identified some issues with timekeeping that we found in the electronic care monitoring (ECM) system data we reviewed. We have made a recommendation about improving the way the system is monitored.

The provider had made improvements to the quality assurance and auditing processes since the last inspection and there was an effective system in place to ensure safe care was maintained. People told us they received the care and support they needed, and managers regularly checked on them to make sure they were happy with their service. We received comments such as, "I wouldn't hesitate in recommending the agency" and "They are very efficient and caring. They care about our welfare." The provider worked in partnership with other professionals to plan and deliver care. One professional told us, "Our recent experience with this provider is excellent."

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 good (published 29 January 2018)

Why we inspected

This was a planned inspection based on the previous rating. The overall rating for this service has remained good.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Profad Care Agency

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

The inspection was carried out by one inspector and two experts 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.

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.

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

We gave the service 48 hours' notice of the inspection. This was because 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 sought feedback from the local authorities and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records including 10 people's care and medicine records and five staff files in

relation to recruitment, training, and supervision. We also reviewed accidents and incidents and safeguarding records. We spoke with the registered manager and the senior quality officer and we made calls to 20 people who received care and 17 relatives to get their feedback on the care and support they received.

After the inspection

We made calls to five care workers and a training manager. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed samples of electronic call monitoring (ECM) data for 10 people. We gathered feedback from four health and social care professionals who worked with the provider to plan care and support.

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 requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we identified some issues with medicines that the provider had missed as there was a lack of audits of medicines. The provider had made improvements to the way medicines were managed and people were now being supported to take their medicines safely.
- Since the last inspection, the provider had introduced electronic medicine administration records (eMARs) which had improved the oversight and auditing of medicines records. The new system created immediate alerts to office staff if carers failed to sign the eMAR at the expected time. A senior member of staff also carried out regular checks of the electronic eMARs to ensure they were being used properly. Samples of records we reviewed had been audited and actions had been taken where there were gaps or discrepancies.
- Care plans contained detailed guidance to ensure staff understood how to administer people's medicines correctly. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.

Assessing risk, safety monitoring and management

- Care plans contained environmental risk assessments of people's homes to identify any potential hazards including the risk of harm by fire. We identified that the use of flammable emollient creams was not included as a risk factor when assessing fire risks. We discussed this with the provider, and they have taken immediate action to include the use of emollient creams when assessing the risk of fire.
- Care plans and risk assessments provided guidance on how to reduce and mitigate risks in a range of areas including in relation to falls, continence, nutrition and hydration and skin integrity. For example, for people with limited mobility there were moving and handling guidelines from occupational therapists in place to ensure staff followed safe practices when assisting people to move. Guidelines included information on the equipment that was used, and details of the most recent maintenance checks were also recorded. One professional who worked with the provider told us, "There service is excellent and they have a good understanding of clients' needs and risks."
- We received positive feedback from people about how they felt the service was keeping them safe. People told us, "I feel very safe with the permanent carer who comes. I had recently changed care agency as the last one was not up to standard. So far it's going really well" and "The lady who comes knows me so well that I feel very safe."

Staffing and recruitment

- The provider followed safe recruitment processes to ensure staff were suitable to work with vulnerable people. Staff were employed based on their skills, experience, and personal values. Checks carried out before new staff started included people's right to work in the UK, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background,

including convictions, to help employers make safer recruitment decisions.

- Since the last inspection the provider had introduced an electronic call monitoring system (ECM) which monitored staff attendance. Analysis of the data showed some issues that had not been identified during the provider's checks and audits. Staff were not always attending at the agreed time and staying for the whole duration. None of the issues we identified showed people were at risk of being harmed as there were no examples of missed visits and all the people, we spoke with told us they were satisfied with staff attendance. We received comments such as "The carer's time keeping is excellent" and "My carer is so reliable I could set my watch by them." We discussed the issues with the ECM records with the registered manager and they have investigated these and confirmed the majority of examples were a result of staff failing to log-in and out properly and visit times being changed without updating the system.

We recommend the provider reviews the process for monitoring the ECM system so that potential issues can be identified in good time.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. We received comments such as "If I report any concerns I have about the clients they always follow it up" and "If I wasn't happy with something I know I can blow the whistle."
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC. They conducted prompt investigations into allegations of abuse or neglect and shared findings with local authority when required.

Preventing and controlling infection

- Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us that staff observed safe hygiene practices when carrying out care and support. We received comments such as, "Yes the carers wear mask gloves and aprons; I also put on a mask to further protect me and them" and "I know the carers also are tested every week for Covid."
- The provider had given people information about the ongoing pandemic. We received comments such as, "There is a whole section of information on Covid in the care plan that's left at the house" and "The agency phone and let me know if there's anything new to do with the pandemic."
- The provider had adapted the working environment in the office to ensure staff maintained a safe distance from each other to reduce the risk of infection.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- Incidents, accidents and other events were monitored and analysed to identify and address any concerning trends. The registered manager shared lessons learnt with staff in a variety of ways. For example, when someone informed them that staff had left their front door open when leaving their home the registered manager sent out a message to all staff to remind them to take care to close doors behind them after care visits.

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 good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found there was a lack of evidence of ongoing audits of medicines, finances and daily logs. The provider had improved the process of regular audits and there were now regular quality assurance audits of these records.
- The provider also monitored quality and safety through spot checks, telephone monitoring calls and satisfaction surveys. We received comments such as "The Manager is lovely, she comes to check if we are happy and not just if there is a problem or we've asked to see her."
- The registered manager understood their responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care. Staff were clear about their responsibility to report concerns to senior managers. One professional told us, "Any issues or concerns are always addressed."
- Senior manager meetings were held to discuss ongoing risks related to the pandemic, quality assurance processes and recruitment.
- The provider was meeting their responsibility to display the ratings of the previous inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to achieve positive outcomes for people and people's feedback confirmed this. We received comments such as, "I have noticed that there has been good banter between the carer and my dad. This is especially good because of Covid and "My carers, are a shining example of what caring is all about."
 - Staff were happy about the support they received and positive about how the team worked together to help deliver high standards of care. Staff told us, "Profad are all about providing personalised care and support" and "They are excellent. I have worked with so many agencies and this one is special."

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 understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

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

- The service communicated well and engaged with people using the service. Feedback from people included, "From beginning to end they keep me informed" and "I received an email, asking me if everything was ok, and was I happy with my aunt's care. I replied, yes I was happy." One professional told us, "They are engaging, and I have found the management to be of good quality."
- Staff told us the provider engaged with them and listened to their concerns. We received comments such as, "As an organisation they are supportive, and managers always listen. It's like we are family" and "They are a very supportive organisation. If you are not satisfied with something they will sit down and listen."
- The provider also conducted annual satisfaction surveys which were analysed for areas of improvement.

Working in partnership with others

- The service worked with a range of multi-disciplinary professionals, social workers, and local authority commissioners to achieve good outcomes for people. We also saw examples of joint working with healthcare professionals such as GPs, district nurses, physiotherapists and occupational therapists.
- We received positive feedback from professionals about the way staff communicated and shared appropriate information with relevant agencies. Comments included, "The provider has used their initiative with contacting other professionals such as the GP as well as always ensuring that we have been kept informed" and "Any issues or concerns are always addressed."