

Pro Healthcare Services Limited

Pro Healthcare Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pro Healthcare Service Limited is a service providing support for people in their own homes. The service was supporting 7 people at the time of the inspection.

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

During the inspection we found staffing levels were safe. However, the service did not monitor late or missed calls. There was an accident and incident log in place and learning was shared with staff.

Staff told us they were up to date with training and found training valuable. However, the training matrix was not up to date.

Staff followed the principles of the MCA, mental capacity and best interests when delivering care, this was evident in peoples care records. Care plans showed detailed information on how to care for people and identified peoples communication needs. Staff treated people well and engaged with them in a respectful manner.

The service completed various audits, however we found there was no service improvement plan in place and issues found during the inspection had not been identified. The service engaged with staff and people through meetings and regular surveys.

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

Rating at last inspection

This service was registered with us on 3 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in relation to good governance.

Please see the action we have told the provider to take at the end of this 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.

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.

Requires Improvement 

Is the service effective?

The service was effective.

Good 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

The service was responsive.

Good 

Is the service well-led?

The service was not always well-led.

Requires Improvement 

Pro Healthcare Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 a registered manager in post.

Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 20 February 2023 and ended on 14 March 2023.

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 and professionals who work with the service. 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 the registered manager, 4 relatives. We also spoke with 5 members of staff.

We reviewed a range of records. This included 2 people's care records. We looked at 2 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.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been 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.

Staffing and recruitment

- The service did not monitor call times. There was no oversight on late or missed calls and the registered manager could not confirm if the length of call times were delivered as planned.
- Staff and people's relatives stated staffing levels were sufficient. One staff member said "We work in twos. That's on every call. If a person doesn't need two people, we still go in twos. Its because we have a lot of new people from hospital and maybe they might need two so we bring another staff member" and a relative said "The carers always arrived on time and never rush."
- Staff were recruited safely. Pre-employment checks included a criminal record check (DBS), employment history and references from previous employers.

Assessing risk, safety monitoring and management; Lessons learnt when things go wrong

- The provider managed risks to people's safety and well being. People's records contained information about identified risks to their safety and well being. There was guidance and instructions for staff on how to manage these risks to keep people safe.
- When undertaking reviews of people's care the provider checked that measures were in place to manage risks to people continued to remain appropriate.
- There was an accident and incident log in place. The log included actions taken to reduce the risk of similar incidents in the future.
- Learning was shared with staff. The registered manager confirmed information was shared with staff through emails, social media and team meetings.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Relatives told us their family members were protected by staff. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us they always reported incidents involving people immediately and that the registered manager took action.
- The provider had a robust system to record safeguardings. There was a detailed log of safeguarding including action taken, we found no evidence of unreported safeguarding.

Preventing and controlling infection

- Staff received training in infection control and understood their responsibilities. They told us there was a good supply of PPE to maintain good infection control practice.
- The provider's infection prevention and control policy was up to date and included information about

Covid.

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.

This is the first inspection for this newly registered service. This key question has been good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were up to date with training and there was a training matrix in place, however, this was not up to date therefore we could not be assured the registered manager had oversight on training. We felt the issue of oversight on training related to good governance, please see the well led section of the report for further details.
- Staff told us they received supervision and regular competence checks.
- Staff received an induction and shadowing when they started with the provider. One staff member said "Yes, I shadowed other staff when I started recently."

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

- Assessments of people's needs considered their physical and emotional needs.
- People's needs were assessed regularly and included how the person would like to receive care and support.
- People's protected characteristics under the Equality Act (2010), such as religion and disability were documented as part of the assessment process. The provider documented these discussions with people and their relatives.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other professionals such as occupational therapists, district nurses, case managers and GPs. Emails evidenced ongoing communication and regular meetings.
- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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

- The staff were working within the principles of the Act, mental capacity and best interests' assessments.
- Relatives told us that staff sought consent before providing care. One relative told us "The carers always asked and explained before they did anything. They always tried to engage with my [family member], even when [they] were having a difficult day, they would kneel next to them, by the chair and talk to them, reassure them."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff treated people well and engaged with them in a respectful manner. One relative said "The care we had was brilliant, I had been looking after [person] on my own for a long time and was very tired. The carers were superb, they would come in in the morning and shout hello, I had told them they could walk straight in, they would always make a point of asking me how I was; I felt that they checked on me too."
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported.
- Staff received equality and diversity training as part of their role to help them make sure people were not subjected to discriminatory behaviours and practices.

Supporting people to express their views and be involved in making decisions about their care

- Records showed people's views and decisions about care were incorporated in the way they were cared for. Relatives were also involved where appropriate.
- Staff demonstrated they understood the importance of listening to people's views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who maintained their privacy and dignity when providing care and support. A relative told us "They treat [family member] with dignity and respect."
- People were supported to be as independent as they could be. People's care records prompted staff to support people to undertake as much of the tasks of daily living as they could. A relative told us, "The carers would help my [family member] into a position, so that [they] could continue to move as much as possible. They would place the wheelchair a few steps away, to encourage [them] to take a few steps, but they would only do this if they felt it was safe."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff were knowledgeable about people's specific needs and preferences. Staff could explain how they supported people in line with this information.
- Peoples visit were planned and there was clear guidance on people's routines and how they wanted to be supported by staff.
- Care plans showed detailed information on how to care for people and their preferences.

Meeting people's communication need's

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the need for information to be made available to people in an accessible format.
- Care plans identified people's communication needs. Care plans were detailed and stated if people needed aids to help communication, for example, glasses or hearing aids.

Improving care quality in response to complaints or concerns; End of life care and support

- The service had oversight on complaints. There was a complaint's log which included actions and dates.
- Staff were trained in end of life and there were end of life care plans in place.
- Care plans provided information for people on how to complain.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; Continuous learning and improving care

- There was no service improvement plan in place. There were issues found on the inspection the quality assurance systems had not identified, for example oversight on the training matrix and late/missed calls.
- There was an audit system in place covering areas such as, care plans, safeguarding and incidents. When audits identified concerns, these were addressed. However, concerns we found on inspection were not identified through auditing.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management and staff structure provided clear lines of accountability and responsibility, and staff understood their roles and responsibilities and when to escalate any concerns.

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

- The provider involved staff through regular communication. Staff stayed in touch with the registered manager through individual supervision meetings and regular team meetings.
- The service completed regular surveys for staff and people who use the service. However, there was no evidence information gathered was used to improve the service.
- Relatives knew who the registered manager was. A relative said, "[The registered manager] always asked us how things were going and if the care was working well. He is a lovely guy."

Working in partnership with others; 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

- There was evidence of partnership working with other professionals such as GPs and the district nursing team to ensure people's healthcare needs could be met.
- The registered manager understood the duty of candour. The registered manager was able to give various examples of when the service had applied the duty of candour to practice. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

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 17 HSCA RA Regulations 2014 Good governance There was no service improvement place. Systems were not in place to identify all issues.