

## PRO Nursing Homecare Limited

# PRO Nursing Homecare

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

PRO Nursing Homecare is a domiciliary care agency providing personal care to people in their own homes. The service provides support to people with a range of health and mobility needs. At the time of our inspection there were five people using the service. 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 were kept safe from the risk of harm and there was an accident and incident process in place to ensure any action required was taken in a timely way. The registered manager followed safe recruitment processes and there were enough staff to meet people's needs.

People were supported by staff trained in specific areas to meet individual needs. Staff were working well with health professionals which had positive results for people. 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.

People were supported by kind and caring staff. Staff listened to people and encouraged them to make choices about their care. People were treated with dignity and respect.

People received person-centred care which was individual to their needs. Full assessments were completed prior to packages being accepted to ensure the service and staff could meet the person's needs. There was a complaints procedure in place to address any concerns raised with staff or the registered manager.

People, relatives and staff felt supported by the registered manager. There was an 'open door' policy which had created a positive culture within the service. Relatives and staff told us how they put forward ideas and action was taken. An audit system was in place to ensure the registered manager maintained oversight of the service and a good standard of care was maintained.

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

This service was registered with us on 24 January 2022 and this is the first inspection.

### Why we inspected

We inspected this service to ensure they received a formal rating following registration.

### Follow up

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?

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# PRO Nursing Homecare

## 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.

#### Inspection team

This inspection was carried out by one 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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 registration. 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 3 relatives about their experience of the care provided, we were unable to speak to people due to various health conditions meaning phone calls would be difficult for them. We spoke with 5 members of staff including the registered manager and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with the staffing team that supported them. A relative said, "It's important we feel safe, which we do."
- There was a safeguarding policy in place and staff were aware of safeguarding procedures and what action they needed to take if they had any concerns. A staff member said, "I would record the concern, involve police if emergency or assault, report to office and then the local authority."
- The registered manager had full oversight of any issues that had been highlighted in relation to people's care. Where people's care needs had changed and incidents or accidents had happened, beyond the care company's control, this was recorded in care plans to ensure no further incidents occurred.
- The registered manager had a system in place to ensure any trends or patterns would be identified. For example, if a person was to experience an increase in falls, this oversight would ensure the registered manager was aware and action taken in a timely way.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and reviewed regularly. For example, we saw evidence of risk assessments in relation to falls and how these had been reviewed following changes to people's needs.
- Staff told us how the online care planning system ensured they were aware of all risks and any additional details about people. A staff member said, "All on [care planning] app – all notes, family history, medications. Any questions I can go on there and it will give me the answers."
- We saw risk assessments had clear details and advice for staff to follow and how to respond to people's specific needs. For a person who had specialist mobility risks there was advice for staff on how to use specific mobility aids to manage these risks.

Staffing and recruitment

- There were enough staff to fulfil all care calls. A relative said, "(Staff) are never late, always seem lovely and very kind."
- Staff did not feel rushed during care calls and felt they had the time to ensure they completed tasks in a safe and compassionate manner. We were told staff never felt there was any shortage of staff. A staff member said, "Other staff just simply cover it (sickness or absence). I have never known the company to be short."
- The registered manager followed safe recruitment processes to ensure people were supported by competent staff. For example, we saw evidence of thorough interview processes, reference checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions.

#### Using medicines safely

- Where people required support with medicines this was managed safely. Some of the people supported were either independent or their relatives supported them with their medicines. However, there were clear processes in place if this was to change and a person's relative was not able to support them. This meant staff would immediately be able to support them safely and record their actions on a medicine administration record (MAR) chart.
- The registered manager was knowledgeable in various areas of medicine administration and management and people's medicines were detailed comprehensively in care plans to ensure staff were aware of what medicines people were prescribed, even when they were not supporting them with this area of care.

#### Preventing and controlling infection

- All relatives told us staff used appropriate PPE and followed infection control procedures where appropriate.
- Staff told us they had always had access to any required PPE and used this when appropriate. A staff member said, "I wash my hands a lot and wear gloves and mask when necessary."
- There was an effective infection control policy in place, and we saw evidence of staff receiving training in this area.



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

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

- The registered manager and senior members of the team completed full, comprehensive pre-assessments. This ensured the service could meet people's needs. A relative said, "[Registered manager] did the assessment and she was absolutely amazing, with us every step of the way – meet and greet with new carers. The only agency I have come across they personally know the carers."
- Care plans ensured all care needs and choices that had been assessed were clear for staff to be able to access in a timely way. We saw initial assessment information had been used to create clear care plans for staff to follow, for example, how people liked to receive care and tasks they wanted staff to support them with.
- The registered manager ensured care plans followed national guidance, where appropriate. For example, the care plan of a person at risk of skin breakdown included recognised pressure ulcer prevention and management guidelines to ensure the risk was managed correctly.
- The registered manager also ensured there was a full re-assessment following changes to people's needs. One relative said, "I phoned [registered manager] after he came out of hospital – and she was here straight away to re-assess."

Staff support: induction, training, skills and experience

- Staff received training to meet people's needs. One relative said, "They are very well trained – more trained than the previous carers we had." Another relative said, "I couldn't say anything negative and equally our daughter when she approached (the provider) she said, 'I just found you the right company.' She was so confident straight away. All the carers from PRO have been trained so well in specific needs [person] needs."
- Staff received a thorough induction process that included a formal introduction to all people they would be supporting and shadowing an experienced member of staff. This ensured people felt comfortable with new members of staff and they could meet their needs effectively.
- The registered manager ensured staff were trained in all areas of all people's needs. This included specialist mobility aids and catheter care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare professionals when required. The registered manager said, "We communicate well with other professionals, for example, we work closely following physio advice for [person] to ensure they have the best mobility and access possible."
- Care plans contained information and advice from health professionals for staff to follow. We saw from daily notes this advice was being followed and people's quality of life was improving as a result.

- Care plans detailed how people's health and mobility was improving. Where there were any changes, we saw evidence of advice of a health professional being sought in a timely way.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were not currently supporting people that lacked capacity with any decision making. However, they were knowledgeable about how to ensure they followed correct procedures if required in the future. A staff member said, "It's about finding the least restrictive option if it is established someone lacks capacity." Another staff member said, "Yes, we can't assume someone lacks capacity and the correct procedure has to be followed."
- We saw evidence that if the staffing team began supporting someone who lacked capacity, the correct procedures would be followed to ensure care was provided in line with The Mental Capacity Act.

# 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 with respect. A relative said, "They (staff) are very kind and they treat him with respect." Another relative said, "I'm not so busy anymore as I have this lovely lady (carer) here helping me, I can relax and that is so nice to know he's in good hands."
- Staff felt passionately about delivering a high level of care. A staff member said, "I really like helping people and from personal experience I just want to take care of people and make sure they get the care they need and get a good quality of life."
- Relatives told us how staff were caring. A relative said, "They are kind and sweet with their interactions with [person]."
- Staff were respectful of equality and diversity. A staff member said, "It is important we don't assume everyone likes the same thing or have had the same experiences in life so we listen to what they want."

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

- People were offered choice and encouraged to make decisions. A relative said, "The staff encourage my husband to make decisions and are always giving him choices no matter how small during the day."
- Staff checked with people on every care call to ensure people were receiving care in their preferred way. A staff member said, "I always check to make sure I'm doing things in line with people's preferences."
- Care plans were individual to people's needs and we could see evidence of people and relatives, where appropriate, expressing their views in their care plans. This ensured people were supported to be involved in the creation and reviews of their care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified way by staff who listened well to people's needs. A relative said, "The staff are great at speaking to [person] whenever they start to get down or depressed, they (staff) lift his mood."
- Staff respected people's privacy. When speaking about people, a staff member said, "I always respect that I am in their home and they deserve their own privacy whenever they want it."
- The registered manager told us how all staff encouraged people to be as independent as possible. We were told of examples, where staff had supported with rehabilitation and people no longer needed care support and were completely independent again following an illness.

# 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

- People received personalised care from staff. A relative said, "[Staff member] handles everything with such attention."
- Staff told us how they knew people's individual needs by reviewing care plans and getting to know them on a personal basis. A staff member said, "There's a (care) plan to follow, but I also follow my own intuition. Sometimes they want something different, so I listen to my client." Another staff member said, "My manager briefed me through what their needs are and person-centred care and I talk to the service users and make sure I have a clear understanding."
- We saw care plans included personalised details. This included hobbies, interests and some details of life history. This meant staff could refer to care plans to understand people's preferences.
- The registered manager had ensured staff were well matched to people. They said, "I try to make sure I match the staff to the people, for example, similar interests so it is a talking point."

Meeting people's communication needs

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.

- Staff communicated well with people. A relative said, "[Staff member] is always checking whether [person] has understood before they do anything."
- Staff told us they knew people's communication needs and explained how they ensured people had understood them. A staff member said, "I always double and triple check people have understood me. And I always explain what I'm doing when I do it."
- Care plans detailed people's individual communication needs. This included details of preferred approach to communication and if people had communication aids, for example, hearing aids. This meant staff were aware of how to adapt their approach to ensure they effectively communicated with everyone they supported.

Improving care quality in response to complaints or concerns

- People and relatives felt confident to raise any concerns and told us the registered manager and staff would deal with them appropriately. A relative said, "I would phone the manager, she is always available and so friendly I would feel safe to contact her and know she would put it right straight away."
- Staff knew how to respond appropriately to any concerns raised with them. A staff member told us, "I

would record the exact complaint, share it with the office and make sure they (people) get regular updates until there is a conclusion."

- There had been no complaints made, however, the registered manager was knowledgeable in what action they would take. In addition to this, there was a policy in place with clear advice and guidance for staff to follow.

#### End of life care and support

- There was nobody receiving end of life care. However, end of life wishes had been detailed in care plans, where appropriate. This ensured if people did enter this stage of their life staff would know how to support them.

- The registered manager was knowledgeable in what other professionals they would involve in end of life care and support. For example, including health professionals and local hospice care to support a person in the best way possible.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received support from staff that delivered person-centred care to people that had not always had positive experiences from care providers. A member of staff said, "I think the quality (of care) is good. All the clients I go to they have been with previous companies and are just really grateful for PRO." A relative also said, "We really struggled to find a good care provider, staff from previous companies just wanted to get out the door as quickly as possible. Our staff now are just brilliant and really try with exercises and [person's] health has improved so much."
- Staff felt involved in making changes in the service to ensure good care was provided. A staff member said, "The door is always open to the office, I always pop in for a chat (with registered manager) and they always ask what can be improved. A lot of things I have suggested they have actually made changes."
- The registered manager and staff team ensured relatives, where appropriate, were involved and were available to support them with any questions about the service. One relative said, "I can phone any time I like and ask a question and they will give me an answer. It would take a lot to change agencies now – I can't think of any reason." Another relative said, "[Registered manager] is extremely on the ball and definitely goes above and beyond, I can call her any time. She's excellent."
- People and relatives were asked for regular feedback. One relative said, "[Registered manager] is always available. A new lady (staff) started on Tuesday and we get daily calls from them for an update and feedback during this beginning period."
- Staff felt supported by the registered manager. A member of staff told us, "I feel very listened to. Any time I've had a concern, [registered manager] listens, they help and make sure everything is sorted out well."
- Staff were supported with regular supervisions. This documented staff member's goals, aspirations and supported them to voice any ideas or raise any concerns.
- Care plans were detailed covering people's equality characteristics. When we spoke with staff they were aware of people's different preferences, needs and requirements.

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

- The registered manager was knowledgeable regarding regulatory requirements. They knew when it was necessary to notify CQC of an incident, which is their legal responsibility.
- There was also a duty of candour process for the registered manager to follow if an incident occurred

where they were required to share information with relatives, for example, what action they were taking in response to an incident.

- The registered manager had a clear set of audits. This process ensured they had full oversight of the service and if any improvements were needed action was taken in a timely way.
- The registered manager had a positive attitude to supporting their staffing team with an 'open door policy'. This meant staff were able to access the manager whenever they felt they needed support in any area.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a plan to continue to build the business and support people with specialist and complex needs. They said, "We want to grow, however, only at a pace we know we can continue this level of care. I just want to keep on improving as we build to be an outstanding service."
- The registered manager and staff spoken with were working well with other professionals. For example, staff were following directions from health specialists that were having a lasting improvement to people's health and wellbeing.