

Procare Healthcare LTD

Procare Healthcare Ltd

Inspection report

John Eccles House
Robert Robinson Avenue
Oxford
Oxfordshire
OX4 4GP

Date of inspection visit:
28 February 2023

Date of publication:
21 March 2023

Tel: 03301225260

Website: www.procarehc.co.uk

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

Procure Healthcare Ltd is a domiciliary care agency. It provides personal care to adults living in their own homes who may be living with dementia and/or physical disability and people with a learning disability or autistic people. Not everyone who used the service received personal care. At the time of our inspection there were 10 people using the service. 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

We received positive feedback from people and relatives of those using the service. The service was meeting all requirements to ensure people had safe and effective care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

People were safe. Staff had the training and knowledge to identify signs of abuse and escalate concerns as and when required. Risks to people were identified and mitigated. The provider carried out the necessary checks on new staff to ensure they were safe to work with people. People's nutritional and hydration needs were met, and infection control measures reduced the risk of spread of infection. Incidents and accidents were investigated, and lessons learnt.

People's health related risks were assessed so staff knew how to support them. Where people lived with health conditions, care plans contained enough detail to guide staff on signs to monitor potential health deterioration.

People received care personalised to their needs and contributed to their care plans. The registered manager ensured documentation was produced to meet people's communication needs.

The provider was arranging for all staff to attend the Oliver McGowan training. This would ensure readiness if they started to support people with a learning disability or autistic people.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. Staff were recruited safely; the registered manager had put plans in place to ensure staff had the

appropriate checks before they started employment and supporting people.

People were kept safe from the risk of infection, staff received infection control training and had appropriate personal protective equipment. Staff supported people with medicines safely, they were trained and assessed as competent before being permitted to administer medicines to people. People told us they felt safe, they knew who to speak with if they had any problems. Staff were aware of their safeguarding responsibilities and knew how and where to report concerns.

People were supported by enough staff who knew them well and were trained to meet their needs. Staff completed an induction period which included shadowing an experienced member of staff.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services supported by staff to have as much control and independence as possible to continue living in their own homes.

People knew the registered manager and were happy with their leadership style.

Quality assurance processes were effective and there was a clear plan for the future of the service. The management team were keen to develop the service and continually improve care.

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.

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 December 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Procure Healthcare Ltd

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

The inspection was undertaken by 1 inspector and an Expert by Experience made calls after the office visit. 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 homes. This service is also registered to provide care and support to people living in 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. At the time of the inspection, no people were being supported under the supported living service.

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.

Inspection activity started on 24 February 2023 and ended on 6 March 2023. We visited the location's office

on 28 February 2023.

What we did before the inspection

We reviewed information we had received about 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 who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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.

After the inspection

We spoke with 2 people who used the service about their experience of the care provided. We also spoke with 5 family members of people who used the service to seek their feedback about care provided to their relatives. We contacted 8 members of staff to seek their feedback. We also contacted 8 social care professionals.

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

- People were safeguarded from the risk of abuse. People and relatives told us that they felt safe in the company of staff. Comments included, "Yes, I feel very safe' they [staff] know what I can and cannot do" and "Absolutely safe, they [staff] have been brilliant throughout. Definitely wear Covid protection even now fully masked and gloved."
- Staff knew signs that may indicate a person is at risk of or encountering abuse. Staff had safeguarding training. A member of staff commented, "Our internal procedure requires us to call and report to our registered manager who will then advise me on the next step to take regarding any concerns about the people we support. External procedures would be calling the police, emergency services (fire and ambulance) and adult safeguarding board."
- The registered manager had liaised with relevant safeguarding authorities as and when required.
- We had feedback from a professional who had reviewed people's care. They stated, "I had no concerns regarding the safety of the 3 people supported. Procure have demonstrated a prompt response in dealing with incidents."

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. There were risk assessments and guidance for staff on how to support people who were at risk of developing pressure sores and people using specialist medical equipment.
- A relative commented, "I have seen [care staff] and they always have the right equipment. They always seem aware of risks about [person's] mobility."
- When people's care and support needs changed, risks assessments were reviewed. For example, if someone's mobility was decreasing staff would carry out another environmental risk assessment to mitigate any falls risks within their home.

Staffing and recruitment

- There were enough staff to support people and they mostly arrived on time. People told us, "Consistently good with time keeping, there is an online app I can log into". Relatives commented, "They [staff] always try to arrive on time unless traffic is really bad; they do their best" and "They [staff] have never been late or missed a visit."
- Staff told us they felt staffing levels were appropriate. Comments included, "We have a few service users and there is always staff to provide the level of care they require" and "As we are only growing, I feel we have enough staff. In any case of emergency where a carer has fallen sick or is not able to attend, supervisors are available to cover shifts."

- Staff were recruited safely, with references sought and appropriate checks carried out to ensure staff were safe to work with people, such as DBS checks. Disclosure and Barring Service (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

- People were supported to take their medicines safely.
- Staff had appropriate medication training, and management carried out competency assessments before allowing staff to give medicines to people. Staff confirmed this and one commented, "Medication administration training which covers medicine handling. Medication competence is checked before we do it independently. The medication we give is blister packed by the pharmacy, so we have to check the client's details on the blister pack and ensure we are giving it at the right time. We have been trained how to report errors, storage of medication."
- There were random spot checks carried out to double check staff competencies. There was also a series of checks carried out by the registered manager to ensure medicines were provided safely, to identify and investigate any medicine errors.

Preventing and controlling infection

- Staff took appropriate preventative measures to minimise the risk of spread of infection.
- We were assured that the provider was using PPE effectively and safely. People told us that staff wore appropriate PPE on visits.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- When incidents occurred or errors were made, these were investigated by the provider. A member of staff said, "The manager updates us through meetings when incidents and accidents happen."
- As the service was recently registered, there had not been any incidents requiring management to act on their duty of candour, however management were aware of their responsibilities under this.

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

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010. Assessments were completed by the registered manager and people were involved with the assessment process.
- During the assessment process, people's preferences were explored along with how they wished to be supported.
- People received a 'client fact sheet' at the start of the service. The fact sheet set out expectations and advised people who to contact in different circumstances, this included the purpose of the on-call service.

Staff support: induction, training, skills and experience

- Staff had the knowledge and experience to support people effectively. People were supported by staff who were skilled and received training relevant to their role. One person told us, "Oh yes, staff definitely well trained in their job and manners". A relative said, "Very well trained and safety aware regarding any risks in [person's] home which is an old one. Very proactive in helping to keep [person's] home warm."
- Staff received spot checks and regular supervisions. Staff told us they were able to contact their manager to discuss issues when needed. One staff member said, "When I need support in anything the manager is always available. We have opportunities to discuss issues."
- Staff received an induction and had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Newly recruited staff shadowed an experienced staff member until they were assessed as competent to work alone.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported in the preparation of meals and drinks. Staff had received food hygiene training and told us they were aware to offer choices and report any concerns in respect of people's dietary intake.

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

- People had access to healthcare agencies and support. At the time of our inspection, people told us they would contact healthcare professionals themselves, however, they said staff would be capable if asked to do so.
- Staff followed healthcare professional advice where needed.

- The registered manager gave examples of how they worked alongside healthcare professionals such as GPs and district nurses to support people. For example, one person needed regular input from a district nurse

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.

- The service was working within the principles of the MCA. Staff received training and understood how to work in the least restrictive way.
- People told us staff frequently asked for consent when helping them.
- Records showed people were involved in decisions relating to their care and support. Consent forms had been completed where appropriate.

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

- People were supported by staff who were respectful of their needs. Staff had received equality and diversity training which was reflected in their practice. Policies were in place to guide staff including, about people's rights and equal opportunities and sexuality.
- People and their relatives provided positive feedback about the care they received; their preferences were respected. A person commented, "They[staff] are always really kind. They help with my clothes and make my food nicely." A relative said, "They [staff] are always so lovely and caring; taking the time to talk to [person] and complimenting her saying she looks nice".
- We had feedback from a professional who stated, "Procare support in a caring and compassionate way and are building up good relationships with [people]."
- Staff had up to date guidance about people's preferences and support needs and said this was updated if any changes occurred.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to make decisions to have control over their lives. The registered manager carried out care plan reviews and encouraged people to contribute to any changes.
- People told us they felt listened to by staff and management and were encouraged to make decisions about their support. Staff told us they had time to get to know people and their families which was important.
- Staff told us they made sure choices were consistently given to people. Comments included, "To promote independence I allow the service user [person] to do as much as they are able to do, within safety measures, and offer assistance where required" and "I gain consent before sharing information which is of utmost importance and in cases where the service user does not have capacity, I contact the next of kin to gain consent."
- People's privacy, dignity and independence was respected. Staff asked for permission before entering people's homes. People told us how staff promoted and protected their dignity. A person commented, "I find staff really kind. They always tell me I look nice. They help me to use the commode and never let me feel embarrassed." A relative said, "They are always positive, they sit down to talk to her or kneel, so they are on her level."
- Care plans were written to encourage people's independence. Where people's support varied depending on their abilities, people told us staff followed the plans and respected their autonomy.

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's care was planned and personalised to meet their needs and reflected people's choices and preferences. These were completed with people and, where appropriate, family members, to ensure care was carried out in the person's preferred way.
- Care plans were reviewed and amended as required. A relative said, "They consistently review care package. The situation has been fluid so care package is evolving and adapting to meet [person's] needs. We cannot praise them enough."
- People told us staff understood them as a person. One person said, "Very confident that they [staff] are kind and caring. They do everything I want. They take me into the garden, and we feed the birds."
- People were encouraged to make decisions to suit their needs and lifestyles including time of visits.

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.

- People's communication needs were assessed and met. The registered manager advised all documentation could be produced in large print and pictorial if required.
- Where people needed assistance with hearing or sight, this was documented. Care plans informed staff where people had communication needs, for example, if people required glasses or hearing aids.

Improving care quality in response to complaints or concerns

- The registered manager encouraged people to give their feedback on the service. People told us they were comfortable to approach the registered manager or staff to raise a complaint. People and relatives said they had not needed to raise a concern or complaint but were confident this would be dealt with by the registered manager if so.
- People were supplied the complaints procedure which was in the 'client information pack'. The procedure included where to escalate concerns if the complainant was not satisfied with the outcome.

End of life care and support

- At the time of the inspection, no-one required end of life support. However, the registered manager would ensure staff had the required training to work alongside health professionals if required during someone's

care and support.

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

- The provider promoted a positive and inclusive culture and engaged with people, their relatives and staff.
- The provider engaged with people to seek feedback by telephone and feedback forms. Feedback received to date had been positive which was reflected from our phone calls with people and their families. A comment was, "Feedback is always asked. Our input is valued but nothing can be improved. They are doing a great job."
- The registered manager carried out visits themselves and told us they used the opportunity to retrieve feedback casually. People knew who the registered manager was and were comfortable to approach them.
- Staff told us they were regularly asked for opinions and the registered manager met with them or telephoned regularly. Staff said they felt cared for as employees. Comments included, "Our managers communicate very well, and I feel we are kept up to date with relevant changes" and "The company has an open-door policy. Our managers are approachable at any time with any concern or query."

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 duty to be transparent and honest when something was to go wrong. They described the duty of candour as being truthful and open, and to provide an apology to people and their relatives.

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

- Managers and staff were clear about their roles. Where appropriate, members of the management team held responsibilities in areas of their interest. For example, medicine audits and checks on care plans and risk assessments.
- The management team held regular meetings with staff. Staff commented, "We have staff meetings and, in the event, that you are not able to attend the meeting you are addressed individually" and "The team works very well together as we all have a common goal of continuity to achieve when providing care to service users. Meetings are held on a regular basis to ensure that we are providing the best care to our service users."
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service and gave examples of when this would apply.

Continuous learning and improving care; Working in partnership with others

- We had feedback from a professional who stated, "I have found [registered manager] approachable and friendly. She has been proactive in making contact with [local authority] to let us know of any concerns. She has demonstrated that she is hands-on with supporting people and gets to know them herself and therefore shows a good understanding of their needs and preferences. She models good practice and supports her staff."
- The registered manager was eager to continually improve people's experience of care. They had day to day oversight of the service and carried out visits to people. During visits, the registered manager undertook quality checks on documentation, such as, care plans and records.
- The service used an electronic management system. This provided the provider with an overview of the service, including reviewing care that had been carried out, any accidents, incidents and safeguarding concerns.
- The registered manager was keen to work with professionals. They networked with other registered managers and agencies to share mutual support.