

## Great Prospects Care Limited

# Great Prospects Care Ltd

### 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:

Great Prospects Care is an independent domiciliary care agency which provides personal care and support for people in their own homes. The agency provides care for people in Canterbury and the surrounding area of Kent. At the time of our inspection, they were supporting seven people.

People's experience of using this service:

- Potential risks to people's health had been identified, however there was not always clear guidance in place for staff to follow. However, staff knew people well and were able to meet their needs.
- People's care was reviewed, but the most recent information was not always documented in care plans.
- The registered manager was aware improvements were needed with people's documentation and had started to implement these.
- People told us they received a personalised service from Great Prospects Care.
- People told us staff knew them well, were kind and considerate and had time to spend with them.
- People told us staff stayed for the allocated time and arrived on time.
- People received their medicines as prescribed and when required.
- People were confident in the skills and ability of staff; staff told us they had received effective training and supervision.
- People were supported to access healthcare professionals and were confident of staff's abilities when they became unwell.
- Some people were supported with food and drink. Where this was the case we observed staff to use appropriate personal protective equipment and involve people in making choices about their food and drink.
- People told us they knew how to raise concerns and complaints but had not had the need to raise any.
- People told us staff helped them maintain their impedance and gave them the confidence to stay at home.
- The registered manager worked with a range of healthcare professionals to provided joined up working to the people the service supported.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service improves.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 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** 

# Great Prospects Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Great Prospects Care is an independent domiciliary care agency which provides personal care and support for people in their own homes. People receiving care and support had a range of complex needs, which included older people, people living with dementia, physical disabilities and sensory impairments.

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:

This was a comprehensive inspection, which was announced. The provider was given 24 hours' notice of the inspection as we needed to be sure that the office was open, and staff would be available to speak with us.

Inspection site visit activity started on 11 March and ended on 12 March. We visited the office location on 11 March to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

- Before our inspection we reviewed the information we held about the service.
- We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.
- We used information the provider sent us in the Provider Information Return. This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We visited two people who use the service and spoke with one person who used the service on the telephone.
- We spoke two people's relatives.
- We spoke with four care staff and the registered provider.
- During the inspection we reviewed three people's care plans and associated records.
- We also looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

# Is the service safe?

## Our findings

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

RI:  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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Some risks had been assessed, but there was not always risk assessments or guidance in place for staff. For example, one person was at risk of skin breakdown. There was no guidance in place for staff to follow to inform them what to do if the person's skin became sore or red and where to escalate concerns. Staff we spoke with were able to tell us what support they gave the person to support them to keep their skin healthy.
- One person had a hearing impairment. Although we observed staff communicating with the person, there was no clear guidance for staff to follow detailing how to support the person best.
- Another person's care plan detailed they needed support with a hoist, and that they were able to mobilise with a walking aid, had been assessed at being at risk of falls and at risk of skin breakdown. The person's care plan did not contain manual handling guidance for staff. There was no falls risk assessment to advise staff how to support them, and no skin integrity care plan. The registered manager informed us this person remained in bed following a deterioration of their health.
- The provider had failed to monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
  
- Some people supported by the service had catheters. A catheter is a tube used to empty the bladder. There was detailed guidance in place for staff to follow to inform them of good practice when supporting people with their catheters including how to clean the catheter, and any concerns to look out for.
- Staff we spoke with had a good understanding of how to support people with their catheters and were able to tell us what concerns they would look out for, such as with the colour or smell of urine, and the action they would take, such as informing the GP and the registered manager.
- Some people required the use of a hoist to help them to transfer. There was clear guidance in place for staff to follow, including information on which sling to use, and reminders to staff to prompt them to talk the person through the process.
- One relative told us that their loved one was discharged from hospital with the beginnings of a pressure sore, but with the careful support of the staff at Great Prospects Care, the area had since healed.
- We observed people being encouraged to wear their lifelines, and staff checked that the telephone was accessible to them before leaving should they need support.
- People told us they felt safe and well supported with the support of Great Prospects Care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.

- Staff had received training in safeguarding adults and were clear what to do if they had concerns about people. One staff told us, "I would document it in the care planner and alert the manager. I would talk to my colleagues, a senior carer. I could contact the CCQ or social services."
- There was a safeguarding policy in place, and the registered manager had made appropriate referrals to the local authority safeguarding team when concerns were identified.
- Staff we spoke with had a good understanding of whistleblowing and told us they would be confident to share any concerns they had about people.

#### Staffing and recruitment

- There were sufficient staff to meet people's needs and keep people safe.
- Rotas were produced by the care coordinator and registered manager in advance to ensure people had the assessed support.
- Sickness and annual leave was covered by staff, or by the registered manager.
- One relative told us they had a negative experience with their previous care provider, "Thankfully Great Prospects Care picked up the calls and we haven't looked back. It was from one extreme to another. We have had no missed calls, no occasions when one staff member has arrived when there should have been two. They are just amazing."
- Another relative told us, "It's nice to see the same faces, which generally we do. It's nice to have continuity of care."
- Staff were given time in-between calls to allow for travelling from one call to the next.
- Staff were recruited safely. The registered manager completed checks including ensuring all staff had a full work history, each staff had two references on file. Each staff member had a Disclosure and Barring Service check (DBS) in place. The DBS check helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

#### Using medicines safely

- People were supported to receive their medicines when and as they were prescribed.
- Staff had received training in medicines administration, and the registered manager checked on their competency.
- We reviewed medicines administration records (MAR) and observed them to be clear, and fully completed.
- Where people were supported with medicated creams, staff had clear guidance in place to follow detailing where the cream should be applied, and how often.
- MAR sheets were collected monthly and reviewed by the registered manager to check for any errors or issues.
- One person told us, "These people (staff) are absolutely fantastic. They work together as a team. They are very careful double checking my medications."

#### Preventing and controlling infection

- We observed staff using personal protective equipment (PPE) such as gloves and aprons when supporting people.
- Staff told us they had sufficient supplies of PPE and were aware of how they would order more if needed.
- The registered manager kept stock checks of PPE and ensured stocks were replenished regularly.
- Staff had received training in infection control.

#### Learning lessons when things go wrong

- There had been one incident reported by staff, which was reviewed by the registered manager to ensure

appropriate action was taken.

- There were policies and systems in place to ensure that incidents were recorded actioned and analysed if they occurred.
- Staff we spoke with were aware of the process and able to tell us what they would do if an accident or incident occurred or became apparent when they were supporting someone.

# 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

Good: 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 assessed people's needs to ensure they could be met by the service, before the placement began.
- The assessment considered their medical history, any healthcare conditions and medicines the person was taking.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disability, religion and marital status.
- People were also asked their preferences around the gender of carer supporting them, and this was logged to ensure they received care in their preferred way.
- Where possible, the registered manager met with the person during the assessment process and observed the care they received from the previous agency to support them to build the care plan.
- The registered manager considered staffing levels, and if the service could meet the person's needs, and told us they often refused people if they were not confident of being able to meet their needs.
- Staff and the registered manager had a page on a social media site, where they were able to share best practice, current guidance and information.

Staff support: induction, training, skills and experience

- Staff had received training in subjects including fire safety, equality and diversity, pressure areas and catheter care to support them in their roles.
- The registered manager carried out competency checks on staff on areas including catheter care, personal care, medicines administration and moving and handling.
- Staff received supervision regularly, both on a one to one basis, and as group learning to share ideas and best practice.
- Staff told us, "The training is really good. Not only do they do theory work but we spent a quarter of the day doing practical training. They really do help a lot to make sure we are confident."
- A relative told us, "Staff know what they are doing and are very careful. Staff knowledge is very good, they are well trained."
- New staff received a comprehensive induction which included being introduced to the person before supporting them, and shadowed staff to understand the person and how best to support them.
- Care plans were shared with new starters before they worked with the person, so staff could start to get to know the person.

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

- Some people were supported with food and drink by staff.

- During a visit we observed staff ask the person how they wanted their breakfast prepared, and if they had a preference which staff member prepared the breakfast.
- We observed people to be provided with access to sufficient amounts of beverages including hot and cold drinks.
- Staff were able to tell us what they would do if they had concerns about people losing or gaining weight.

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

- People and their relatives told us staff were reactive to changes in their health or conditions.
- When staff identified people's needs had changed, the registered manager would re-assess the person working alongside healthcare professionals. The registered manager then submitted a case to the commissioners to advocate for further support for the person, which they had done successfully on several occasions.
- Staff had a good understanding of people's healthcare needs, and supported people to access healthcare professionals such as the GP or district nurse when needed.
- When advice or guidance was put in place by a healthcare professional, such as techniques to support someone to transfer, implemented by the occupational therapist, staff followed the guidance.
- People were supported to be as healthy as possible, including staff encouraging them with their mobility, when people were able to mobilise.

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- Staff and the registered manager showed a good understanding of the principles of the MCA.
- Staff were aware people's capacity could fluctuate and told us it was important to review this on a daily basis.
- Staff promoted choice where possible, by encouraging people to make decisions about their support, for example what they wanted to wear and what they wanted to eat.

# 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

Good: 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 told us they were treated with respect by staff, and we observed people to have good relationships with staff, laughing and sharing jokes.
- Staff knew people well, including their personal histories, and what was important to them. For example, one person used to be a hairdresser, and enjoyed their hair being washed.
- Staff were aware of and met people's emotional needs. A staff member told us, "I try to make conversation with them. I don't go in here do the job and leave. I make them a cup of tea if I can. Sometimes people can be quite lonely. It's nice to comfort them and reassure them."
- Staff told us they enjoyed their work, one staff told us "I absolutely love it here," another staff told us, "The help we provide for them puts a smile on their faces."
- People told us they felt engaged and listened to by staff. One person told us, "The staff are good. They listen they are chatty, they do exactly what I ask I've had no problems what so ever."
- Comments from relatives included; "The care from every member of staff is tip top," and "In a nutshell, we have carers who care."

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

- People told us they took part in regular reviews of their care.
- Where people were supported by their loved ones and wanted them involved in their care reviews, this was facilitated by staff.
- People told us they made decisions about their care and treatment, and these were respected and supported by staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, care plans detailed what people were able to do for themselves, and what they needed support with. This included people's changing needs, such as what people were able to do on a 'good day'.
- Records showed, and people confirmed that staff would ask for consent before carrying out support for people, to ensure they were happy with the support given, and enable people to direct the care they wanted.
- Staff told us they knew people well, including the care they needed. Staff told us one person was able to mobilise independently but liked staff to stay close to them in case they needed support.
- One person told us, "The staff are good at encouraging me to do it not just doing it for me."
- People were supported to maintain their appearance, for example staff bought one person a comb to brush their hair, and later a shaver both of which the person did without support from staff.

- People told us staff were respectful in their homes. We observed staff tidying up before leaving, and making sure the person was happy, and checking if they needed anything else.
- Staff told us they respected people's privacy by ensuring they were covered as much as possible during personal care.
- One person told us, "They (staff) are absolutely superb. They are attentive and helpful."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans, which they told us were representative of their needs, and they worked with the registered manager to create.
- Staff used information within the care plan to guide them to meet people's needs in their preferred way. We found staff knew people well, but care plans needed further guidance including risk assessments to inform any new staff members of how best to support people.
- Staff had a good understanding of person-centred care, and how to adapt their approach from person to person. A relative said, "They have to be person centred because (loved one) is very complicated. We feel very fortunate to have them."
- People's care was reviewed regularly by the registered manager. During the review, people were asked their feedback on anything they wanted to change, what was working well, and what wasn't.
- People's goals were discussed during the review, and mostly centred around being supported to be able to stay in their own homes and remain as independent as possible.
- All feedback during reviews was positive about the care provided by Great Prospects Care. One review said, 'Everything is perfect, I have no concerns whatsoever.'
- People were supported to maintain their religious commitments, and beliefs. For example, one person would regularly move their call on a Sunday to enable them to practice their religion.
- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- The registered manager had policies and process to support people, for example easy read documentation. However, the people the service were supporting did not require this documentation.

Improving care quality in response to complaints or concerns

- There had been no complaints made about the service.
- There was a comprehensive complaints policy in place detailing how to make a complaint, and where to escalate the complaint if unhappy with the complaint outcome.
- The registered manager worked closely with people and their relatives, to ensure that any small issues were resolved before they escalated into a complaint.
- One relative told us "If I had a concern I would speak straight to (registered manager) and it would be dealt with I know. They have their finger on the pulse."

End of life care and support

- Some people had made advanced decisions about their care and had a DNACPR in place. A DNACPR (do

not attempt resuscitation) decision is a decision made in advance that attempted resuscitation would not be likely to be appropriate for the person in the event of cardiac arrest.

- When people were assessed at being at the end stages of their lives, care plans gave details about who was supporting the person, for example the palliative care nurses.
- Staff had received training in end of life care.

# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager reviewed people's files regularly, however we found that these did not always reflect the needs of the people they were supporting.
- Accurate and complete records had not been maintained for all people using the service.
- Known risks to people had not been assessed and documented, and staff did not have guidance to refer to in every case.
- The provider failed to maintain accurate records in respect of each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
  
- The registered manager had a good understanding of their regulatory responsibility and had submitted notifications as required.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers website.
- Staff we spoke with had a good understanding of their role and expectations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us of their vision for the "We are trying to build a service which is more responsive than is excellent and puts the client at the forefront of what we do. We want to make sure we enable people and make them feel empowered."
- The registered manager kept the culture of the service under review, by working closely with staff, and having open and direct conversations with staff.
- The service values were discussed during team meetings, with staff being encouraged to 'make an impact with every interaction.'
- One relative told us "I would say you couldn't get better than Great Prospects Care. We have had the worst now we have the best."
- The registered manager was aware of their responsibilities under the duty of candour. They told us, "My responsibility is to be transparent in everything I do. For example, if there is a complaint, I would apologise. I

would have to take ownership. It's all the responsibility."

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

- The registered manager asked people for feedback on the service every three months.
- Feedback on the quality assurance questionnaires were all positive with comments including 'excellent company with brilliant kind, friendly staff who do all that they can to keep me clean and comfortable,' and 'I was extremely happy with the treatment and support that my (loved one) received. All the staff were helpful caring and treated us like members of their own family. I cannot fault them in any way and am grateful.'
- The registered manager had requested feedback from healthcare professionals but had not received any to date. They confirmed an administrator was due to start shortly who would be responsible for chasing this information moving forward.
- Staff were asked their feedback on the service during team meetings and supervisions, however the registered manager planned to implement a staff survey.
- One staff member told us, "Yes, absolutely. There's always a platform to speak with the registered manager. They would always make time to speak with us and let us discuss any concerns."

Continuous learning and improving care; Working in partnership with others

- The registered manager completed spot checks on staff members to check their competency and identify any areas for improvement. During the spot check the registered manager would check staff were on time, completing care records appropriately and using appropriate PPE. They would also speak with people to ask for feedback on the care they were receiving, and if they had any concerns.
- Daily notes and MAR charts were returned to the office on a monthly basis. The registered manager was responsible for reviewing these and following up on any actions, for example if a gap was found on a MAR chart the staff member would receive supervision and re-trained in medicines administration, followed by a competency check.
- The registered manager was a member of a number of different groups and forums to share best practice and support to implement improvements. They told us "I am registered with Skills for care and KICA (Kent Integrated Care Alliance is an independent body to support local care providers in Kent) I always go to their networking meetings. They have given me confidence. Running a business and managing people can be challenging to meet everyone's needs. It empowers us to be good managers and manage the risk not focusing on money, but knowing client's needs, and sharing best practice around new legislation."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider failed to accurate records in respect of each service user.</p>