

ProTarget Care Ltd

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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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Pro Target Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection, 15 people were 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 told us that they felt safe and received continuity in their care from regular, consistent staff. Staff understood the principles of safeguarding people from harm and had received training. The provider had robust recruitment procedures in place and completed relevant checks prior to staff working at the service.

People were involved in planning their care. Each person had an assessment before receiving care from the service which led to the creation of a detailed care plan. Care plans were reflective of people's needs and had been reviewed regularly. Staff were knowledgeable about the people that they were supporting and provided personalised care.

Medicines were managed safely, and staff followed good infection control practices. The registered manager checked on staff practice through spot checks and working alongside staff during care visits.

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, relatives and staff spoke highly of the registered manager. There were quality assurance systems in place to monitor all aspects of the service. All staff demonstrated a commitment to providing high quality care to people.

People told us they felt listened to and "in charge" of their service. No formal complaints had been raised; however, there was a procedure in place should any concerns be raised. The registered manager actively sought feedback from people, relatives and staff with a view to developing and improving the service.

There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued. They felt supported by the registered manager to complete their roles and were provided with the training and support they needed.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to recruitment, management of people's care needs, staff training and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the caring key question. We therefore did not inspect that domain. The rating from the previous comprehensive inspection for that key question was used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns raised. Please see the safe, effective, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pro Target Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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 

Pro Target Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector 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.

The service had a manager registered with the Care Quality Commission, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 25 March 2021 and ended on 16 April 2021. We visited the office location on 30 March 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided.

We spoke with three members of staff including the registered manager, office manager and a care worker.

We also received written feedback from two care workers.

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

We looked at three staff files in relation to recruitment and training records for all staff. A variety of records relating to the management of the service, including audits and quality checks were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection there was a lack of oversight of medicines administration. This meant that people were at risk of not receiving their medicines as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. People were encouraged to manage their own medicines where possible. However, where people needed support, the tasks to be completed by staff were recorded following a detailed assessment.
- Medicines were only administered by staff who had been trained and assessed as competent to do so. One person told us, "[Staff] get all my meds, if I need any. [They] really are on top of everything." Another person told us, "[Name of registered manager] checks on her staff regularly."
- Medicine administration records (MAR) were audited regularly. Where any errors were identified, these were followed up with staff and records kept of the action taken in response.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care and support and expressed no concerns. One person told us, "I am very comfortable with all the carers, they are all very good." A relative told us, "We've never had any concerns whatsoever."
- Staff showed a clear understanding of safeguarding and how to raise an alert or any concerns they may have. They told us they had received safeguarding training and records confirmed this.
- The provider had policies in place to help keep people safe, such as safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed on a regular basis. One relative told us, "I am very content with the carers, and I now get [support] each week, knowing that [family member's] safe and being looked after well. Everything was assessed."
- Assessments in place showed the risks posed and provided guidance for staff on how to reduce any risk of harm. One member of staff told us, "The care plans and assessments contain all the information we need to provide care safely."
- An environmental safety risk assessment was also completed to ensure staff safety in people's homes.

Staffing and recruitment

- The service had enough staff to meet people's needs and to manage changes to the services required. One person told us, "I've not been feeling too good lately, and [name of staff] has also been coming in to help, so nice." A relative told us, "The whole team are great, we couldn't have got through the last year without them."
- People had continuity of care. One relative told us, "My [family member] has [medical conditions] and doesn't like new faces coming in. [Name of registered manager] has made sure we have two regular carers coming in."
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis and got to know them well.
- There were robust recruitment and selection processes in place. The provider had a procedure in place to complete all pre-employment checks including obtaining references, checking previous experience, and obtaining a Disclosure and Barring Service (DBS) report for all staff. This helped to ensure they were employing suitable staff.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date, and they were making sure infection outbreaks could be effectively prevented or managed.
- Staff received training in infection control and had access to personal protective equipment (PPE) such as face masks, gloves and aprons. When asked about the use of PPE by staff, one person told us, "Yes, they've been wearing everything. I feel very secure."
- The registered manager checked care staff's infection control practice as part of their spot checks.

Learning lessons when things go wrong

- The service had a culture of learning. Staff were supported to reflect on their practice by the registered manager and to learn from events such as incidents or accidents.
- The registered manager consistently sought feedback from people and relatives to ensure they were satisfied with their care. They promptly took action to remedy any concerns raised. One relative told us, "[Name of registered manager] has really become one of the family now. We can talk to her anytime, and the message is always passed on to the carers."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people'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 were encouraged to make their own choices. People's care needs and preferences were assessed and recorded in detail. This included information about people's preferred routines.
- People told us they received care and support from staff who knew how they liked things done. One person told us, "Yes, they are always so good, and I am very happy with every carer that comes in." A relative told us, "We have the same carers coming in, we can't fault their efficiency. They are also warm and friendly."
- The registered manager ensured that staff were delivering care in line with current guidance and best practice through spot checks and working alongside them during visits.

Staff support: induction, training, skills and experience

- An induction was completed by all staff when they started work at the service. One relative told us, "[Name of registered manager] always makes sure that new staff shadow her, and the standard of care is excellent."
- People told us that staff were trained and they were confident in their abilities. One person told us, "[Staff] are all well trained and absolutely meet my expectations."
- Staff told us they felt supported and had regular supervision and observation of the care they provided by the registered manager. One member of staff told us, "I can ask [Name of registered manager] for anything. Training and support for all staff is brilliant."
- The training matrix identified when training required updating and showed that staff training was up to date.

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

- People were supported to have enough food and drink where this was identified as a need. One relative told us, "[Family member] eats Indian food, cooked by a neighbour, like a meals-on-wheels. The carers know precisely how to heat up and present the dinners to him. If they are in any doubt, they send me a photo of the dinner to be heated to check what the food is."
- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from health professionals.

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

- Staff worked together to ensure that people received consistent, coordinated care and support. There were effective communication systems in place.

- Care plans and records showed partnership working with other health and social care professionals and other care services such as occupational therapists.
- People were supported to access health services and attend appointments where needed.

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.

- People's mental capacity to make decisions relevant to their care and support were assessed and documented.
- Staff we spoke with understood their responsibilities regarding the MCA.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the service consider current guidance and information on care plan writing and planning how people's care needs are to be met. The registered manager had made improvements.

- At the time of our inspection, the service was not providing end of life care and support to anyone using the service.
- Some members of staff had completed palliative care and end of life training, with the remaining staff enrolled to complete the course in the future.
- Care plans detailed cultural needs and wishes for people in all aspects of their lives, with sufficient detail for staff to ensure they could meet these needs. Where people had expressed plans for when they were nearing the end of their life, these were also recorded.
- The registered manager was aware of the support available from the local care provider association and local hospice teams relating to end of life care training and support for staff, and how they could access this.

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

- People received a personalised service that met their care and support needs. Care plans included a background history of the person, communication needs, mobility needs, nutritional support and any health conditions. All staff were aware of the impact of these needs on people and the support they were required to provide during each visit.
- Staff were supported to know and understand people's needs through training and shadowing more experienced staff. One person told us, "I find them all very experienced, especially [name of staff] who is so competent." A relative told us, "There are so many good things about them, they go above and beyond."
- The service involved people and their advocates in planning their care, drawing up their plans and reviewing them. One relative told us, "I saw that [family member] needed help putting on his socks, and mentioned it, and they make sure he's now got his socks on – it's little things like that they react to." Another relative told us, "When [family member] needs a little more help doing things we talk with [Name of registered manager] and it's done. They step up every time that [family member] needs them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their support plans.
- Staff told us about the different ways they communicated with people, including those people with limited communication.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident that they would be listened to. One relative told us, "I have not got a single complaint. I can call [Name of registered manager] whenever."
- A complaints policy and procedure was in place. At the time of inspection, no recent complaints had been made.
- People, relatives and members of staff all told us the registered manager was responsive to feedback and actively sought their opinions.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection there was a lack of robust quality assurance. This meant people were at risk of not receiving care and, should this have resulted in people being in an unsafe position, the provider's system would not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, a range of quality audits and checks had been implemented by the registered manager. They told us how this system of checks enabled them to monitor the quality of the service and helped ensure they had oversight of the service. Where audits identified issues, action was promptly taken.
- The registered manager was visible and actively involved in delivering care, however since the appointment of an office manager and with plans to recruit a supervisor, they felt in a position to provide clear and direct leadership whilst still being able to provide a personal service to people.
- The registered manager was aware of their responsibilities under the duty of candour and around notifying the CQC. They had submitted all required notifications.

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 were at the centre of the service. They told us that their opinions were valued, and they felt "in charge" of their care. One person told us, "They spend time with me, and they talk with me. I am really glad to give you feedback, they really are a very good agency." A relative told us, "Please give them as many stars as you can, as I cannot find enough good words to say about them all."
- Staff felt engaged in the service and told us they felt supported by the registered manager. One member of staff told us, "I've never had a manager who is so supportive and looks after us as well, in any job in the care industry." Another member of staff told us, "I find the whole service is open and honest. We always share information straight away so that we can make sure we provide a good service and make sure nothing is missed. I am glad to be working with them."

Continuous learning and improving care

- The service had a culture of learning, improvement and development. There were quality assurance systems in place which included regular quality checks with people, satisfaction calls and audits of records.
- Detailed records were kept throughout the service. The registered manager was implementing more electronic records at the service. They told us that the transfer of records from current paper documents was being completed in a planned and methodical way to ensure that the quality and content of records was maintained.
- People, relatives and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.

Working in partnership with others

- The registered manager worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.