

Prospect Tree Health Care (Midlands) Limited

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Inspection report

First Floor Office Suite, The Boot Factory
Cleveland Road
Wolverhampton
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Date of inspection visit:
02 December 2019
03 December 2019

Date of publication:
19 December 2019

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

The provider is registered with us to provide personal care and support for older people who live in their own homes. They were supporting 132 people.

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

People continued to be supported in a safe way. Risks to people were considered and reviewed and lessons learnt when things went wrong. There were enough suitably recruited staff available for people. Medicines were administered as prescribed. Actions were taken to ensure infection control procedures were followed in people's homes.

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 support this practice. People had access to health professionals when needed and were supported at mealtimes accordingly.

People were encouraged to be independent, offered choices and their privacy and dignity was maintained. People were happy with the staff that supported them.

People received care based on their assessed needs and their preferences were taken in to account. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place, which was followed.

There were systems in place to monitor the quality and drive improvements when needed. Staff felt supported and listened to. People and relatives spoke positively about the company. Feedback was sought from people and relatives who used the service.

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

Rating at last inspection

The last rating for this service was Good. (Published 23 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

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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 was carried out by one inspector.

Service and service type

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

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 inspection was announced. We gave the service 48 hours' notice of the inspection. As we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 2 December 2019 and ended on 3 December 2019. We visited the office location on 3 December 2019.

What we did before the inspection

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. 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. We also spoke with the local authority before our inspection for feedback on the service. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with nine people who used the service and five relatives. We also spoke with two members of care staff, a care supervisor, two care coordinators, the registered manager and the nominated individual to gain people's views about the care and to check that standards of care were being met.

We looked at care records for six people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits to ensure people received a safe and effective service.

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "I feel very safe when the girls are here, they know what they are doing." Relatives we spoke with raised no concerns about people's safety.
- Risks to people's health and wellbeing were considered, assessed and reviewed. When people's needs changed we saw this had been considered and risk assessments updated to reflect this. For example, someone had recently fallen and action had been taken to reduce the risk of this reoccurring.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training.
- There were procedures in place to ensure people were protected from potential harm. We saw, when needed, concerns had been raised appropriately in line with these procedures.

Staffing and recruitment

- People and relatives confirmed there were enough staff available to meet people's needs. One person said, "I have a call in the morning and at night. They are always on time, they never let me down."
- We saw pre-employment checks were completed before the staff could start working in people's homes.

Using medicines safely

- When people needed support with medicines they were happy with the support they received, and they received medicines as prescribed. One relative said, "They give my relation their tablets, they always have them as they should and sign the sheet to say so."
- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes.

Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when incidents were identified through governance meetings, these were reviewed to see what could be done differently if they

reoccurred. For one incident they had considered additional training.

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 Good. At this inspection this key question has remained the same. 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 holistically assessed and considered.
- People's gender, culture and religion were considered as part of the assessment process. No one was currently being supported with any specific needs.

Staff support: induction, training, skills and experience

- Staff continued to receive training that helped them support people. One staff member told us, "We have training all the time, the managers put this on the rota when its due, so we are aware."
- The provider had a comprehensive induction process in place. When staff started working for the company they had the opportunity to attend training and shadow other staff before working independently.
- People felt staff knew them well and had adequate skills and experience to fulfil their role. One person told us, "The staff make me feel safe as they know how to use my equipment. I have a ceiling track hoist and they tell me they have had training, I'm sure they have as they all know how to use it. They check it's okay before they start to move me."

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

- People's dietary needs had been assessed and considered. No one was currently being supported with any specific needs.
- When needed, staff supported people at mealtime and with drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health and wellbeing was monitored when needed.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, if people were unwell when staff had visited them, they had contacted the GP on their behalf.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- No one that was currently being supported lacked capacity to make decisions for themselves.
- The registered manager was able to demonstrate to us action they would take should this change in the future.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 treated in a kind and caring way. One person told us, "The carers are brilliant; I couldn't live without them. I look forward to them coming and they help with my anxiety. My family have really noticed the difference in me." A relative commented, "They are all absolutely golden."
- Staff knew about people's preferences and backgrounds and were able to give accounts of people.

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

- People were encouraged to make choices about their day. One person said, "They ask me what I would like to put on in a morning, they tell me what the weather is like and then I can pick." A relative told us, "They are very accommodating. They will bend over backwards for you. We rang the office to change the time of a weekend as my relation wanted a later call and they couldn't do enough for us."
- The care plans we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "Very respectful." A relative told us, "They are very respectful and always ask before they do anything, I thought it might be funny at first people coming in the house, but they have made it easy."
- Staff gave examples of how they would support people with this, including knocking on people's doors and closing curtains during personal care.
- People were also supported to be independent. One person said, "Six years ago I was in a wheelchair. I couldn't walk. I had been in hospital and couldn't do anything for myself. I can independently walk and that's down to the carers encouraging me. They have really encouraged me."
- Records we reviewed reflected the levels of support people needed.

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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff knew people well and their needs were met. Both people and relatives confirmed this to us.
- People had care plans based on their needs, which were regularly updated.

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.

- The provider met the Accessible Information Standard.
- The registered manager told us information would be available for people in their preferred format should they require it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. Staff told us how they ensured before they left, people had books and newspapers near to them. They also ensured people who enjoyed watching the television could reach the remote controls.

Improving care quality in response to complaints or concerns

- People and relatives knew how to and felt able to complain.
- The provider had a complaints policy in place.
- When complaints and concerns had been raised they had been responded to in line with the providers procedure.

End of life care and support

- There was no one currently being supported with 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.

At the last inspection this key question was rated as Good. At this inspection this key question has Remained the same.

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

Continuous learning and improving care

- Quality checks were completed within the service. These identified where improvements were needed so that action could be taken.
- Governance meeting were also held so that the findings of the audits could be shared and discussed.
- An annual report was also produced and available for people. This collated all the findings from the year including a review of complaints, people's feedback and developments.
- Announced and unannounced 'on the road' supervisions' were carried out by senior members of staff. These ensured care staff were arriving at the times they should, supporting people for the correct amount of time and delivering a good quality of care to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke positively about the management team and the support they received. A relative told us, "They are brilliant I would like to thank them very much for the job they are doing."
- The management team were available and visible during our inspection.

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

- Duty of candour requirements were understood by the registered manager and provider.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager and the provider. They had the opportunity to raise concerns by attending supervision sessions and weekly catch ups. They felt they were listened to and when needed, action was taken.
- The manager and provider ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The provider sought the opinions of people who used the service. Quality assurance surveys were completed, and this information was then collated and shared with people in the annual report. Most of the feedback received was positive.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.