Promedica24 (West Midlands) Limited

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

Summary of findings

Overall summary

This inspection took place on 31 July 2018 and was announced. This was the first inspection since the location was registered in May 2017.

This service provides 24 Hour live in personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults with learning and physical disabilities. Not everyone using Promedica24 receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Staff are recruited by the provider in Poland to support people in the UK. Each care worker supports a person for a period of between six and twelve weeks in their home. Staff then have a break of between one and three months, when a different member of staff provides support. At the time of our inspection the service was providing personal care and support to 13 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's safety was promoted with staff member(s) being in their home 24 hours, seven days a week. Staff knew their responsibilities to protect people and who to report any concerns to. People's risks had been identified, assessed and plans had been developed that showed staff the steps needed to ensure people were at low risk of harm or injury. People who had support with their medicines had them administered when needed, with staff who were trained and competent to do so. Staff profiles were given to people so they had an overview to see if the staff member would be suitable in terms of interests. Staff remained with the person over a set period of time and stayed with the person over that period to ensure they were available to meet people's needs. People were protected from the risk of infection as staff practice followed good practice guidance.

Staff had received training before starting to work for the provider, which ensured their skills and knowledge reflected the needs of the people they cared for. This included an English language test as all staff were recruited in Poland. Staff were supported with regular meetings with their care manager or the registered manager. The management team checked that staff were working as expected, which involved the person receiving the care to check they were happy with the staff in their home. People were supported with their meals and staff gave people a choice or provided the assistance needed to enjoy their meal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were knowledgeable about people's capacity to make decisions. People attended healthcare appointments as required and staff would help with telephone calls and reminders if needed.

People got to know their staff member and spent time together so they were provided with a personalised service in their home. Staff spent time chatting and getting to know people while providing care and support. People received care that met their needs and had been able to tell staff how they wanted their care. Staff were considerate and supported people in maintaining their dignity.

People's views and decisions about their care had been recorded and were changed when needed. People knew how to make a complaint and information was provided to people who used the service should they wish to raise a complaint.

People, their family members and staff felt the management team were accessible and could speak with them to provide feedback about the service. The management team had kept their knowledge up to date. The provider ensured regular checks were completed to monitor the quality of the care that people received and to action where improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and protected from the risk of abuse. There were sufficient staff to provide support as agreed. The provider made checks to ensure that staff were suitable for their roles.

People received their medicines where needed and the provider had systems in place to manage the risk of the spread of infections.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions about their care.

People's care needs and preferences were supported by trained staff.

People's nutritional needs had been assessed and people were supported by staff where needed.

Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

People were promoted to make everyday choices and had been involved in developing their care plans.

People and their representatives were encouraged to raise any comments or concerns with the registered manager.

Is the service well-led?

Good

The service was well-led.

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke on the telephone with three people who used the service and three relatives. We spoke with three staff, the registered manager for this service and a registered manager from the providers other service and the provider's UK Country Manager.

We reviewed the care records of three people who received support from the service. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered. We also looked at the results of the most recent satisfaction surveys completed by people being supported by the service and staff.

Good

Is the service safe?

Our findings

People we spoke with told us staff supported them to remain safe in their own home. All people and relatives we spoke with said that were confident about their safety as staff were always in their home. People told us that as staff were available 24 hours a day this made them feel safe, for example if they were to fall in their home. One person told us, "I can call on them when needed."

Staff understood what it meant to safeguard people they cared for and told us how they would report any concerns of suspected abuse to the management team. Staff were assured that steps would be taken to protect the person from the further risks of harm or abuse. Staff told us they were aware of the signs and possible situations that they would report on.

People told us before they received any care they had spoken to the management team about the support they needed and what their risks and the potential risks were. Records showed these had been recorded and provided clear expectations for the staff to follow. People told us that staff knew how to support them safely and reduce the risk of harm or injury. We saw that for one person their risk of falls had increased and the registered manager had now ensured that two care staff provided waking (night) cover to minimise the risks. Staff provided safe care and told us they referred to care plans to ensure each person received care that met their needs. For example, how to use a hoist to safely move a person from their bed to a wheel chair.

People told us their medicines and records were always kept in their homes, which staff had access to. People received their medicines as prescribed and worked with staff to ensure they had them at the time required. Staff we spoke with told us they had received training to support them in correctly administering people's medicines. The management team had regularly checked to make sure staff were competent and understood their training. Staff practice was observed regularly by management including records and staff confirmed that their competence to administer medicines safely was checked regularly.

People were supported by one or two staff members who lived in their home. The provider's PIR stated, 'As a live in care provider we provide one to one care at all times.' People confirmed they had received this as part of their care package and had worked well. If necessary the person was able to contact the registered manager if they found the staff member was not suitable. saw that the registered manager had been able to facilitate a new staff member quickly when this had happened.

Staff were recruited in Poland and had completed application forms and were interviewed to check their suitability before they were employed. Staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed, including the Polish police check. The DBS is a national service that keeps records of criminal convictions. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

The provider had reviewed incidents and had taken action to learn from them, so they were less likely to

happen again. The registered manager had used other healthcare professionals for advice and support so they were supported to continually improve and develop. These included referrals to the mental health team or falls team to look at how to reduce risks to people.

People told us the staff used gloves and aprons when providing personal care and change these when they started food preparation. Staff spoken with told us there was always a plentiful supply of Personal Protective Equipment (PPE) which is intended to be worn or held by a person at work to protect them against risks to their health and safety. Staff had completed training and understood the importance of following appropriate infection control practices to keep people safe.

Good

Is the service effective?

Our findings

Care and support had been planned and people's assessments of needs were comprehensive. People had identified the outcomes they wanted, for example to remain in their own home. The care and support had been regularly reviewed and updated. The PIR stated, 'We identify with the person, their support needs, routines, likes and dislikes and what's important to and for them' and people told us they were involved in planning their care and support from staff. Appropriate support had been given to people so referrals to external services had been made to ensure people's needs were met.

People's views were that staff had the knowledge and skills to provide their care with confidence and that staff provided help for them in the right way. One person told us, "Absolutely brilliant, Promedica staff are fantastic." Staff competency was checked by the management team so they could be assured staff were providing care that met people's needs. Staff told us they received training, which included practice demonstrations and tests when they joined the service. Their skills and knowledge were kept updated and when a new staff member came to support a person, staff worked together for a period to ensure they had individual training for that person.

In addition, staff received a "What the care worker should know" booklet, to support them in their job role. This contained a variety of practical and cultural information for staff about life in the UK. Information about utilities, traffic, shopping, banking, recipes and a language guide book were included.

People told us staff supported them with the meals they wanted, which were prepared and cooked by staff. One relative told us, "They [staff] encourage food and drink, which is important." All people and relatives we spoke with told us the care staff offered support if needed, which included reminders for people to eat and drink. Staff told us how they took the opportunity to offer people drinks and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration.

We saw examples of input and advice from GP's, occupational therapists and speech and language teams. The management team had ensured medication was reviewed if they felt a review was needed which had led to one person now experiencing a calmer day. Care plans showed that people had been supported to have improved health outcomes such as maintaining healthy skin with support from the district nursing teams. People said that staff and management were knowledgeable about their care needs and the support they needed.

People were supported by the registered manager and staff to have as much choice and control as they were able to in their daily life. The PIR stated, 'Staff receive training to understand when to undertake a mental capacity assessment and who to involve in 'best interest' decisions. Managers are responsible for monitoring 'best interest' decisions ensuring they meet the needs of the people we support.' People told us they had provided their consent for decisions about their care, day to day routines and preferences.

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.

Staff understood people's right to make their own choices and told us they respected people's decisions. Where people were unable to make decisions themselves, they were supported by family and advocates to make decisions that were in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager had a good understanding of their responsibilities in relation to supporting people with decision making and not restricting people without the correct procedures in place. Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Staff were clear that they listened and responded to the decisions people made.

Good

Is the service caring?

Our findings

People told us they got to know staff members, staff were kind and caring and always happy to help. One person told us, "Very, very good care. I can call on them when needed." People told us how staff found out about things that were important to them, and included their relatives in conversations. People were able to ask for staff that suited their likes and personalities, or a preferred gender. The registered manager sought a staff profile most likely to match. This was provided to the person to see is they felt it would be a good match. On meeting staff the person was able to provide feedback in the coming week to ensure the staff member was working out well. If not further staff profiles were sought and offered.

The PIR stated, 'Support for the client isn't about what is important to our staff member. It is about what is important to the client.' Staff provided support for long periods, which built on this statement. People were able to build up relationships and trust over time. People spoke positively about the staff who stayed with them. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One person told us, "The girl [staff member] sent is absolutely brilliant." People were also pleased that they were able to maintain their independence within their own home and care staff promoted and encouraged people's independence. One person told us, "Just say and it's done." Staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans.

People told us that staff were respectful and staff supported people according to their wishes. Staff understood how to protect and promote a person's human right to be treated with respect and to be able to express their views. All people we spoke with said staff encouraged them to be involved in their care and that staff asked them how they would like their care to be given or knew their preferred routines

Staff spoken with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care and ensured curtains were closed when required, so that people's dignity and privacy was maintained. Information about people's ethnicity, religion and gender was included in their care files, which was used by the provider to inform staff of the diverse needs of people. Staff told us they had received training in diversity and inclusion and were confident in understanding cultural and individual people's diverse needs. People told us that their staff member were knowledgeable about how they lived their life.

The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the provider's aims and operational structure. The provider had ensured that the guide was available in braille and other languages to ensure people had access in their preferred format that met their needs and preferences.

The registered manager provided people with information leaflets about local advocacy services, which were kept in the care files in their home. Advocacy services can be used when people do not have family or friends to support them or if they want support and advice from someone other than staff, friends or family members. The registered manager told us that no-one they supported was receiving assistance from an

advocacy service at the time of our inspection.

Good

Is the service responsive?

Our findings

People we spoke with made decisions about their care needs and these had been detailed in their plans of care. Once the provider had complied the care plan they were updated when a person's needs changed. People told us their care needs were reviewed regularly and support received if any changes were needed. One person told us, "I am much improved since coming home, with the care they provide."

People told us staff would respond to any change in their care when needed, such as recommending them to contact the GP or specialist nurse if they were unwell or concerned about their health. One person had experienced more support following a referral to the speech and language team. Relatives views and opinions were also sought if the person had wanted. One relative told us, "Knowing they [staff] understand [person's name] is great as they need lots of encouragement which they get."

The people we spoke with told us they received 24-hour care from regular care worker. People told us this was of particular importance to them and felt it met their needs effectively and minimised risks. Staff we spoke with told us the live care meant they were familiar with people's needs, routines, preferences and families. Staff said they knew people well and they were given all the information they needed to support people. They could describe what support people needed which was reflected in people's care plans.

Staff promoted people's individual choice and preference, for examples having home cooked meals rather than ready meals. People could request staff who held a driving licence so they could use their vehicle to go out to places they wished to visit.

The registered manager told us people's interests were considered such as, sports, music and arts so the staff member selected would have a common interest when providing support. One staff member told us, "We sit down together every day and read the paper's and discuss what's happening."

We looked at whether the provider was following the Accessible Information Standard. The standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information in a format they can access and understand, and any communication support that they need. People were supported and we able to have information in alternative forms. Staff told us they understood that people who required additional support got this. One example was the use of technology to ensure the person was able to direct their care and engage fully with staff. The provider used different types of technology to support people and staff. This included contact with people and staff by email and text, and emailing staff with information and updates. Staff rotas were created electronically and care documentation and information about staff training was also stored and updated electronically.

People and relatives told us they were satisfied overall with the service. One person told us, "The manager is here often so I would raise anything then." Information on how to complain was made available to people and a small number of complaints had been received. The registered manager had reviewed these to see if there were scope to improve the service offered. We saw these had been logged and investigated

appropriately. One relative told us they had raised a minor issue and it was dealt with efficiently and to their satisfaction.

Where people required care at the end of their life, the provider had sought information about principles and priorities for end of life care, staff responsibilities and advance care planning. Advance care planning enables people to think about, discuss and record their wishes and decisions for future care and to plan for a time when they may not be able to make some decisions themselves. Records showed that all staff had completed training in end of life care and information about end of life care was included in the operational guide issued to staff when they joined the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were confident in the way the service was run and managed and told us they had provided their views about the service they received. One person told us, "[Registered manager name] checks all is ok, lovely lady." People had also provided feedback about their care and support during their care plan review meetings, when the management came and checked on staff and with surveys. Overall the responses were positive regarding people's care. One relative told us, "They are a proficient outfit, we can just say something and it's done." Where requests for improvements had been made the provider had acted on these. The provider had worked to develop video profiles of staff to share with people before working with them, which they planned to introduce shortly.

The registered manager worked alongside the staff and they reflected the provider's values to provide care that put people at the heart of the service. The registered managers from all the provider's locations and Quality Assurance Director met monthly to review any concerns and results from internal audits. This enabled the provider to drive ongoing change and enhance care delivered. One example had led to a longer period of time for staff to handover when a person had a change of staff. The registered manager offered support and advice to both the staff and people. The management team provided leadership, guidance and the support they needed to provide good care to people. People and their relatives spoken with knew the registered manager and were happy that they saw them often and were happy to chat about their care if needed.

The provider and registered manager undertook quality checks including audits to assess the quality of the services provided. These included checks on personal care plans, medicines, and health and safety. Where concerns with quality were identified the registered manager recorded how improvements were to be made. We saw that this had led to changes and improvements for example with staffing engagement and the provider had introduced staff engagement sessions in Poland and internal website information and social media.

The provider ensured all policies and procedures were in one place, updated and available to staff. Staff also had access through the electronic system to support best practice and policy and procedure updates. The registered manager and provider had made links with the local community and were looking at ways to engage further. For example, all registered managers and staff will register to become 'Dementia Friends and Champions'. This will be promoted within the newsletter that was shared with people who used the service.

The registered manager knew which incidents needed to be reported to CQC and kept themselves up to date on any changes to regulations. The management team worked with healthcare professionals such as

people's social workers and the local GP surgeries to ensure people had additional support to meet their needs which enhanced their wellbeing.