Promedica24 (Wiltshire) Limited

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Inspection report

50 Pure Offices
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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

Promedica24 (Wiltshire) Limited provided live in care staff to people living in their own homes. Care staff were recruited in Poland and came to the UK to provide care and support for a set period of time. Not everyone using Promedica24 (Wiltshire) Limited received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also took into account wider social care provided. At the time of the inspection there were 38 people receiving the regulated activity of personal care.

This inspection was carried out on 3 and 17 July 2018. This was the first inspection of this service.

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 2008 and associated Regulations about how the service is run.

There was a strong person-centred culture throughout the organisation that valued everyone as unique individuals. This ensured people received high quality care from staff who were kind and compassionate. Throughout the inspection there was an open and enthusiastic atmosphere. The management at all levels provided a positive and honest response to the inspection process.

Staff were friendly and approachable. They took time to develop positive relationships with the people they supported. This was promoted by the systems in place to match care workers with people.

People were supported to maintain and develop relationships within their local community and to pursue interests and activities. This had a positive impact on their well-being.

Staff received on-going training and support that ensured they had the skills and knowledge to meet people's needs. Relatives were complimentary about the professionalism and skills of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks to people were assessed and there were plans in place to manage the risks. Medicines were managed safely and people were supported to take their medicines as prescribed. The provider had effective recruitment processes in place that ensured they made safe recruitment decisions.

Care plans contained detailed information and were regularly reviewed with people to ensure they reflected current needs.

People and relatives were confident in the management of the service and were comfortable to raise

concerns. Concerns were responded to in an open and transparent way.

There were effective systems in place to monitor and improve the service. There were clear improvement plans in place that were informed by feedback received about the service from people and relatives. This promoted a collaborative approach to improvement.

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.

Staff understood their responsibilities to identify and report any concerns relating to people being at risk of harm or abuse.

Risks to people were assessed and there were plans in place to manage risks effectively.

Medicines were managed safely and staff were trained to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received training and support to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health professionals to enable them to maintain healthier lives.

People were supported in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by staff who showed kindness and compassion.

Staff included people in their care and respected their choices.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain and develop meaningful relationships.

Care workers supported people to engage in new and existing social activities.

There was an effective complaints process in place.

Is the service well-led?

Good

The service was well led.

There was a person-centred culture that recognised people as unique individuals.

There were effective systems in place to monitor and improve the service.

Systems in place encouraged people to give feedback about the service and this was used to drive improvements.

Promedica24 (Wiltshire) Limited

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 checked 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 3 and 17 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit as we needed to be sure someone would be available in the office.

Inspection site visit activity started on 3 July 2018 and ended on 17 July 2018. We visited the office location on 3 and 17 July 2018 to see the manager and office staff; and to review care records and policies and procedures. On 17 July 2018 we visited people in their own homes. On 16 and 19 July 2018 we spoke with people and relatives by telephone.

The inspection was carried out by one inspector.

Prior to the inspection we looked at information we held about the service. This included notifications received from the service. Providers are required under the law to send notifications to CQC relating to specific events. We looked at 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with four people who used the service and two people's relatives. We spoke with three care workers, a care manager, the Registered Manager, the Executive Director, the Quality

Assurance Director and the Chief Executive Officer.

We Looked at six people's care records, four staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe being supported by the service. One person told us, "Yes, I feel quite safe". Another person said, "I am perfectly safe". Relatives were confident people were safe. One relative told us, "They provide very safe care".

People's care records contained risk assessments and where risks were identified there were plans in place to manage the risks. For example, one person was at risk of falls. The care plan detailed the support the person required to manage the risk, whilst recognising the importance of the person maintaining their independence. The care plan stated the person used a mobility aid and required the care worker to walk with them. We saw that staff supported the person in line with the care plan. When the person was seated the care worker ensured the person had their walking aid to hand.

Where people were assessed as at risk of pressure damage to their skin, care plans detailed the plans in place to manage the risks. For example, one person spent much of their time in bed and was at high risk of pressure damage. The care plan detailed the pressure relieving equipment in place and gave detailed guidance to care staff in how to reposition the person. Staff were knowledgeable about this person's care needs and described how they managed the risk of pressure damage for the person. There was picture guidance regarding the correct positioning of the person in their home and we saw the person was positioned correctly and was comfortable.

Staff had completed training in safeguarding and most staff understood their responsibilities to identify and report concerns relating to adults at risk of harm or abuse. Staff told us they would report any concerns to their care manager in the UK and to their personal care manager in Poland. Staff had contact details which enabled them to report concerns at any time during the day or night. Staff were confident that prompt action would be taken if a person was at risk.

The provider had a policy and procedure in place that ensured where people were at risk of or experienced harm or abuse appropriate action would be taken. Records showed that all concerns had been investigated and appropriate action taken. Actions included notifying appropriate outside agencies.

The provider had safe recruitment practices in place. Staff were recruited in Poland and records showed that recruitment checks were carried out to support the provider in making safer recruitment decisions. Checks included obtaining references from previous employers and carrying out DBS (Disclosure and Barring Service) checks.

The provider ensured there were sufficient staff deployed to meet people's needs. Staff worked for a set period with people in their own homes. Staff were given a regular break and risk assessments were completed to ensure people were safe to be alone for the period of the staff break. Where it was assessed that people were not safe to be left alone alternative arrangements were made for support to be provided. People and relatives told us that when there was a change of care worker this was managed effectively to ensure appropriate support was provided at all times.

Medicines were managed safely. Where care staff supported people with their medicines they had been appropriately trained. We saw staff administering medicines using safe practice and in line with the provider's medicine policy. Staff we spoke with had a clear understanding of people's medicines. Medicine administration records (MAR) were accurate and fully completed. People's care records included a list of their prescribed medicines and what they were prescribed for.

Where people were able to manage their own medicines, they were encouraged and supported to do so. One person told us, "I don't need any help with them [medicines]. I do them myself".

Staff completed training in infection control and were aware of the procedures to follow to reduce and prevent the risk of infection. For example, staff wore PPE when supporting a person with personal care.

There were effective systems in place to ensure accidents and incidents were recorded and reported. Systems enabled the provider to monitor for trends and themes and take action to reduce the risk of a reoccurrence. The analysis of accidents and incidents was used to inform the provider's improvement plan.

Good

Is the service effective?

Our findings

The provider ensured that people's needs were assessed in line with current good practice. This included following NICE guidance, ensuring information was protected in line with current data protection legislation and that people's communication needs were identified and met in line with the Accessible Information Standard (AIS).

For example, one person's care plan identified the person wore glasses and hearing aids. We saw the person was wearing both their glasses and hearing aid. The care worker ensured they were able to communicate effectively with the person.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA) and their rights were protected. 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.

The registered manager had a clear understanding of MCA and ensured that people's rights were protected and their decisions respected. For example, the registered manager had ensured appropriate professionals were involved to support a person who wished to live at home with live in care. Concerns had been raised that the person may lack capacity to make the decision. Professionals carried out a capacity assessment regarding the decision and the person was supported to return to their own home.

Staff had completed training in MCA. However, staff did not always have a clear understanding of their responsibilities in relation to MCA. We spoke with the provider and registered manager who told us they would review their MCA training and would arrange for care staff to have a copy of the principles of the act in Polish and English to enhance their understanding. They also ensured that MCA would form part of care staff supervision over the next month to ensure people were supported in line with the principles of the act and their rights protected.

People were confident staff were well trained and had the skills and knowledge to meet people's needs. One person told us, "They certainly know what they're doing". Another person said, "[Care worker] is very knowledgeable and quick to learn".

Staff completed a five-day induction course prior to starting work with people. Staff were complimentary about the training. One member of staff said, "The training made sure I know how to give the best quality of care". Staff were supported by a care manager in England. To ensure the care managers had a clear understanding of the training staff completed, the care managers went to Poland and completed the training themselves. One care manager told us, "I've been on the training so I know what it covers. The moving and handling trainer has been trained in this country so is aware of all the appropriate legislation".

Staff told us they were well supported. Comments included; "I get lots of support. There is more support from this company than anyone I've ever worked for" and "I never feel alone. I can get contact and get advice at any time". Staff had regular supervisions and were visited by their English care manager monthly. They had weekly telephone contact with their Polish care manager and had access to telephone support 24 hours per day. The provider ensured that staff were supported both in Poland and when in England. They arranged social activities to enable care workers to socialise with each other and arranged for experienced staff to meet with new staff to enable them to share their experiences of working in a different country. This included discussions around different cultures and traditions.

People told us they were supported to eat and drink where needed and that they chose their meals. People's care plans detailed the support people required to meet their nutritional needs. For example, one person's care plan stated the person needed, "Help to cook together and eat together". This person told us in a cheerful manner, "I have had to train her [when talking about food]". It was clear the person and care worker were enjoying learning from each other. A relative said, "The food they [care staff] prepare is very good. They think about health and nutrition".

People were supported to access health professionals to ensure they received ongoing healthcare support and lived healthier lives. Relatives gave examples of care staff contacting G.P.'s promptly when people were unwell. We saw staff liaising with health professionals and discussing on-going support for the person.

Good

Is the service caring?

Our findings

People were extremely positive about the caring approach of staff. Comments included: "[Care worker] is very gentle and kind"; "[Care worker] is wonderful" and "The carer is very kind and very, very willing".

Relatives were equally complimentary about staff. One relative told us, "They [care staff] are very thoughtful, very caring". There were examples of positive feedback from relatives who described care workers as being "Like one of the family". Another relative said, "They are kind, helpful and very experienced carers for [person] and also wonderful companions for [relative]".

Staff spoke with and about people with kindness and compassion. One member of staff showed great empathy when recognising the impact, a persons' health conditions had on their life. The member of staff described how certain elements of the person's care could be "Challenging and distressing" for the person .
The provider promoted a caring culture throughout the organisation that ensured everyone was valued and respected. One member of staff told us, "The company always make sure you are OK. It's the culture of the company".

People were treated with dignity and respect. One person told us, "Yes of course [care worker] treats me with dignity. [Care worker] recognises my vulnerability and respects that".

Staff described how they ensured people's dignity was respected. One care worker told us, "We absolutely protect [persons] dignity. If [person] is toileting we close the door and wait nearby to allow them to be alone". When we arrived to visit people, care workers checked with people that they were happy to speak with us and where necessary care staff asked us to wait until people were ready to speak with us.

We saw staff treating people with respect ensuring they were given choices in every element of their life. Care staff recognised that they worked in people's own homes and ensured people remained in control of their lives. One person told us, "I still have control over my life. [Care worker] accepts everything I say".

People were encouraged to be as independent as possible. We saw staff supporting people to be independent and where there were difficulties staff stepped in using a respectful and supportive manner.

People were involved in the development of their care plans. Support was planned and delivered in the way people wished. One person told us, "They will do all I ask". A relative said, "[Person] is very able to say what she wants and they do listen".

Care managers made monthly visits to people to ensure their needs were being met and people told us they talked through their care plans and any issues they had in relation to their support. One relative told us, "[Person] has a care plan. [Care manager] comes and goes through it with her and the girls [care workers]".

Good

Is the service responsive?

Our findings

There was a person-centred approach to care that ensured people were recognised as unique individuals. Assessments and care plans included information relating to people's life histories, their likes and dislikes and relationships that were and had been important to them. People's care plans identified people's diversity and respected their rights.

The service used the initial assessments to identify a care worker who was matched with the person. For example, a shared love of gardening or cooking. A short list of care workers was then selected and profiles sent to the person. The person would then select the care worker they wished to support them.

The provider recognised the importance of supporting people to develop relationships with care workers as they were living in the person's home. To support the development of these relationships between the person and the care worker, a care manager would be present when the care worker arrived to introduce them to the person. Where possible new care workers stayed in a hotel locally so they could visit the person and get to know their needs before supporting them. People and relatives told us the introduction process had been supportive and where there were any issues these had been resolved quickly. One relative told us, "They were very responsive. They quickly swapped the care [care worker] when they didn't get on with [person]".

People had clearly developed meaningful relationships with the care workers supporting them. We saw that people enjoyed the social interactions they had with care workers which included: trips out for coffee; watching television together; reading the paper together and cooking together. One relative told us, "[Care workers] have become part of our family and the care dad receives is amazing".

People were supported to maintain and develop relationships which reduced the risk of social isolation. One person told us they had many friends who visited and that staff supported them to welcome their visitors. Another person was supported to continue to participate in a local club where they had many friends. Two care workers had introduced the people they supported to each other and they now enjoyed going out as a group for social events.

People were clearly happy living in their own homes with support. Relatives told us of the positive impact on people of being able to return to their own homes with support from a live-in care service. People had experienced extended stays in hospitals and care homes and wished to return to their own homes. One relative told us, "[Person] is very dependent and bed-bound. They have supported her changing needs. [Person] is very happy in her own home". Another relative said, "[Person] is back to being herself".

There were detailed care plans in place that gave staff guidance on how to meet people's needs. Care plans were reviewed monthly with the care manager, person and care worker. Where changes were identified, care plans were updated to ensure they were an up to date record of the person's needs. The service was extremely responsive to people's changing needs. Where people's condition worsened the service took prompt action to ensure they could remain at home. For example, one person's needs increased. After

discussion with the person and their relatives it was agreed that a second care worker would support the person. This had a positive outcome and the person was now able to remain in their own home.

There were many examples of people's health being maintained and improved with the support of service. One relative told us, "[Person] has a catheter and was getting regular UTI's and seemed to constantly be on antibiotics. Since [care workers] arrival [person] hasn't had one UTI".

Care workers went to great lengths to support people to access activities that interested them. For example, one person had previously enjoyed sailing. The care worker had found a local sailing group that supported people with disabilities to sail. The care worker had encouraged and supported the person to attend and they were enjoying regular attendees at the group. This had a significant impact on the person's well-being.

The service supported people with end of life care. Care records identified people's end of life wishes. For example, one person's advanced care plan stated the person wished to remain in their own home and staff should ensure "Has everything [person] needs and is comfortable".

People and relatives knew how to raise concerns and were confident that prompt action would be taken to resolve issues. Comments included; "If there is a problem they will sort it out quickly. I know there is always someone at the end of the phone" and "They are really good. Any issues I just phone them. They sort it out really, really quickly".

The provider had a complaints policy and procedure. People had a copy of the complaints policy and contact numbers in their homes. Records showed that complaints were responded to in a timely manner. Responses were open and honest and detailed actions taken as a result of the complaint. Where the service recognised it had fallen below the quality expected apologies were offered. There were systems in place that ensured there was analyses and learning from complaints.

Good

Is the service well-led?

Our findings

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 2008 and associated Regulations about how the service is run.

The provider promoted a positive culture that valued everyone as unique individuals. Their website stated, "We are passionate about our client's right to receive the highest quality of care in the comfort, security and familiarity of their own homes. We believe in the provision of care through kindness, experience, friendship and knowledge". Throughout the inspection we found that this approach was promoted and delivered by all staff. One member of staff told us, "The approach is person-centred for carers [relatives], clients and us". The provider also extended their caring approach by holding events to raise funds for a range of charities.

There was a commitment at every level to provide a high-quality service and look for ways to continually improve. During the inspection it was clear that the Chief Executive Officer led by example and promoted the values of the organisation. Staff were comfortable when speaking with the CEO and there was a relaxed atmosphere.

People and relatives were positive about the management of the service. Comments included: "It is well managed and they are very responsive to all contact"; "I have no concerns. They are very professional. They've given me a lot of help and support" and "It's been good. They've been nothing but helpful".

Staff told us they felt valued and listened to. One member of staff told us, "[Registered manager] is very supportive and is always there for you. I am very confident in [registered manager] and [nominated individual]". Care workers received questionnaires when they returned to Poland, before taking up another contract. The questionnaire asked for their opinions regarding the placement and the support they received. These questionnaires were used to improve the service. For example, methods of communication when staff were working in people's homes has been improved to ensure staff receive regular contact and support.

There were effective systems in place to monitor and improve the quality of the service. There were a range of audits that identified areas for improvement and informed the providers' annual development plan. There was a national development plan for the whole organisation and a development plan for the Swindon location. The plans were reviewed quarterly to ensure progress was being achieved. The local development plan identified that care files needed to be more person-centred. We saw that a new format had been developed and was being implemented.

The provider had a collaborative approach to improvement and took every opportunity to seek feedback from people, relatives and staff. For example, feedback from people and relatives following a survey had identified that people wanted improved information about care workers prior to them commencing their contract. The national plan identified that an improved one-page profile for care workers had been developed. The service continued to look for further improvement and were developing videos of care

workers to be shown to people.

Relatives were complimentary about the provider's commitment to improvements and gave examples of improvements that had been made. One relative told us, "They do listen. Communication has really improved and the contact when changeovers are happening is much better".

The provider ensured that they were informed and up to date in relation to their legislative responsibilities. There was an annual quality plan that identified areas of change and improvement. For example, the quality plan for 2018/2019 identified the change in data protection legislation. There was also an action to improve the provider's Equality Diversity and Human Rights (EDHR) practices in relation to assessments. The quality plan clearly identified the actions to be taken, who was responsible and when the actions would be completed.

The provider kept their knowledge and practice up to date by ensuring they were aware of good practice guidance relating to adult social care. This included an awareness of NICE guidance and membership of the Dementia Action Alliance.