

Promedica24 (Lancashire) Limited

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Inspection report

Suites 1 & 38
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Date of inspection visit:
03 May 2023

Date of publication:
26 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Promedica24 (Lancashire) is a domiciliary care service providing personal care to people in their own homes by means of live-in carers. This means the care workers live with the person for a set period of time. The service provides support to older people and those living with dementia or a physical disability. At the time of our inspection there were 152 people using the service.

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

The service ensured people received safe care and support, and people were protected from harm. Safeguarding referrals were made where required and there were robust recruitment checks in place to ensure people were protected from risk. People felt they were safe and were supported by staff who they described as "Caring," "Respectful" and "Competent."

Risks to people and the home environment were assessed in detail and where required, risks regarding people's individual health needs were monitored closely. The registered manager and staff understood the importance of infection prevention and control which was embedded in the service.

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 received their medicines as prescribed, and staff supported people with their medicines safely. Records relating to medicines management were completed in full and robust checks were in place to ensure medicines were managed effectively. The registered manager understood the importance of a lessons learned process when things went wrong, and we saw evidence of the service improving in response to accidents and incidents.

The registered manager had instilled a positive and open culture, where staff and people felt engaged in the running of the service. Staff felt valued and listened to and people's feedback was sought regularly so they could make suggestions on improvements to the service they received. People praised the staff approach and the responsiveness and openness of the management team, which was described as "Transparent" and "Organised."

The registered manager was committed to continuous learning and development. There were detailed plans in place to improve people's experience of the service and the quality of care being delivered. We saw evidence of effective partnership working to ensure people's changing care needs were met.

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 22 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 May 2023 and ended on 12 May 2023. We visited the location's office on 3 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 23 February 2023 to help plan the inspection and inform our judgements. We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke to 5 people and 4 relatives on the telephone. We spoke to 8 members of staff including the registered manager and care staff. We reviewed 5 peoples care records as well as records relating to medication and risk assessments. We reviewed 3 staff recruitment records and a variety of records relating to the management of the service, including audits, policies and procedures and complaints.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the potential risk of abuse. People we spoke with felt the support they received was safe. They told us, "I am happy and feel safe in their [staff] hands" and, "We fully trust Promedica24 to place the right carers with my relative. There is a very informative profile of the carers that we get to see before they come."
- The registered manager ensured that safeguarding referrals were made where required. Referrals were monitored and outcomes were clearly recorded. Care managers undertook unannounced spot checks of staff members delivering care, to ensure they did so safely.
- Staff had received safeguarding training and knew how to identify the potential signs and indicators of abuse. A staff member told us, "If we see any situation then we have to take steps to report anyone who we think is abusing."
- Staff had access to a safeguarding and whistleblowing policy and knew how to escalate concerns if needed. A staff member told us, "If the manager doesn't do anything then we have to escalate it to a higher manager, or we can call the CQC."

Assessing risk, safety monitoring and management

- Risks relating to people and the environment were assessed and monitored effectively. Initial assessments highlighted risks to people and measures were put in place to manage the risks.
- Where people had individual health needs, there were detailed risk assessments in place to guide staff in supporting them safely. Where risks to people were identified, clear control measures were outlined and reviewed as people's needs changed.
- There were detailed contingency plans in place which outlined how to manage risks associated with unforeseeable events, and staff had access to a 24-hour emergency telephone number, should they need to escalate accidents and incidents.
- Staff understood their responsibilities in managing risks to people well, and told us the process for reporting accidents, incidents and concerns. A staff member said, "We have risk assessments in the care file. We have to call 999 if there is a danger or risk of losing of life, or any kind of injuries, first step is that or 111, then after that according to the procedure we inform the next of kin, then call the Promedica 24-hour special line where you can report immediately whatever it is. We always record everything."

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 MCA 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 service operated within the legal framework of the MCA. There were policies in place to support this and staff received training in the MCA.
- Staff we spoke understood the MCA and what this meant for people's support. They told us, "We are always thinking of what is best for the client, we are not here to make decisions for everyone, we aim to help people make decisions" and, "We have to be sure on the individual client, sometimes we call family or relatives if they don't have capacity, we communicate to others such as medical professionals too."
- Where people had capacity, consent forms had been completed and signed to ensure people consented to the care they received. Staff understood the importance of asking for consent before providing care. A person told us, "They [staff] don't rush me and they ask for consent before doing anything."
- A range of mental capacity assessments had been completed for people where required. These covered a range of areas such as consent to care, management of medicines and management of finances. Where people didn't have capacity, best interests' decisions were undertaken and involved relatives of people and health and social care professionals.

Staffing and recruitment

- There were enough staff to support people and they were recruited to the service safely. Gaps in employment history for staff members were explained, and references and Disclosure and Barring Service (DBS) checks were completed before staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had ensured application forms were completed in full as well as right to work and identity checks for staff. Staff were interviewed and reasons for leaving previous positions working with vulnerable groups were recorded.
- The service had enough staff to carry out all scheduled care calls. People told us the service was reliable and there were detailed contingency plans in place for unseen events such as staff sickness or absence.
- People praised the staff approach and told us they were supported by staff who understood their needs well. They said, "The carers are excellent. They live in for a month or so then a new carer comes to live. Sometimes carers come back for another month. It works very well. I have got very used to them living in my house, they are very respectful and very caring" and, "The live in carers have all been very good. They stay for about a month in my home. They are very helpful, very nice, and knowledgeable about what they do, and it is very reassuring. I have got on very well with them."

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Staff completed medicines administration training and care managers undertook competency assessments of staff members ability to administer medicines safely.
- Records relating to medicines management such as medication administration records (MARs) were completed accurately, and these were audited by care managers frequently.
- Where people received covert medicines, appropriate mental capacity assessments and best interests' decisions had been completed.
- There were PRN protocols and body maps in place to guide staff on when and where to administer as and when needed medicines and topical medicines. Staff received training in people's individual health needs. A person told us, "I am very thankful for the carers. Both the carers are very good. I have an oxygen machine and they both know what to do with it. They are very nice, competent, considerate and caring."

Preventing and controlling infection

- The provider had effective systems in place for the prevention and control of infection. There were policies and procedures in place for care workers to follow, with up-to-date guidance.

- People were supported by staff who had completed training in infection and prevention control, as well the correct use of personal protective equipment (PPE).
- Staff we spoke to confirmed that they had access to PPE and this could be sourced from the care managers or delivered directly to people's homes. People we spoke to confirmed staff used the correct PPE when providing care and support.
- Staff understood the importance of managing infection safely. A staff member told us, "When my client had an infection, we contacted the GP and district nurse and made sure they had antibiotics prescribed and given. I always watch closely and look out for different signs of infection."

Learning lessons when things go wrong

- The registered manager understood the importance of a lessons learned process for when things go wrong. Accidents and incidents were analysed in detail to identify what improvements could be made to prevent a similar occurrence from happening in the future.
- Measures had been put in place following incidents to improve practice such as introducing new training, reviewing policies, and improving the complaints process.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood the importance of instilling a positive and open culture. People we spoke to praised the service and told us they received good, person-centred care. They told us, "We have no concerns. They are a good service. We are totally happy and would give 5 stars out of 5 to them," "They [staff] communicate really well, everything is written down that goes on, they are so professional and do a fantastic job" and, "I feel Promedica24 have got it very much under control and I am very happy with the service they provide. Any snags have been dealt with fast and efficiently."
- Staff spoke highly of the service and told us that they felt valued, listened to, and appreciated in their roles. They said, "They [management] are very transparent. The manager pays attention to details. There are 3 people overseeing each contract" and, "My manager, for me she is the perfect person, right person in the right place. I have got access to her all the time for advice."
- The service understood the importance of clear, open communication, and people told us they received an understanding and reliable service. They said, "There have been no problems or concerns and there has been good communication with the team," "I can say I am happy with everything to do with Promedica24. The manager comes every so often to check that things are okay" and, "The carers are very good, and I am very happy with them. I can do what I want to do, and having the carers makes that possible for me."
- The service provided person-centred care and people felt involved in the management of their care. They told us, "I get a profile of the carer who is coming beforehand, who they are, what training and experience they have, a photo of them. I can say if I do or don't what that carer" and, "I get introduced to them beforehand and if there are any issues they don't stay."

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

- The registered manager understood the importance of duty of candour and the need for transparency when something goes wrong. The CQC were informed of notifiable events and the service worked alongside the local authority, making referrals where necessary.
- There was a detailed and extensive audit schedule in place to ensure quality monitoring was effective and robust. Audits were completed in areas including medicines management, moving and handling, safeguarding, pressure care and the MCA. Action plans had been completed to help drive improvement in the service.
- Accidents and incidents were analysed on a monthly, quarterly, and annual basis, to identify trends and

patterns so care could be improved to reduce accidents and incidents in the future. Falls were audited monthly and quarterly so improvements could be made.

- Staff understood their responsibilities well and people told us they were supported by confident and competent staff. They said, "I feel they [staff] are well trained and knowledgeable" and, "They [staff] are very competent."

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

- People and staff felt engaged in the running of the service and were able to make suggestions or give feedback.
- People were invited to complete a satisfaction survey and the results of this were analysed by the service, and improvements made where necessary. There were plans in place to have quality assurance visits every 3 months for people that used the service, as well as telephone calls at the start and middle of each contract to obtain people's feedback.
- At the end of each contract of care, people were invited to give feedback on the care they received. The results were logged and analysed for themes and trends. Improvements were made where necessary.
- Staff felt engaged and listened to. They were invited to a monthly meeting, which focused on a key area of care, such as infection prevention and control, stress management and well-being. There was a high attendance rate at the meetings and staff spoke positively about this process. Staff received regular supervision and feedback from the management team.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the importance of partnership working and continuous learning, to help provide good quality care which met people's needs.
- There was a detailed development plan in place which outlined how the registered manager intended to improve the service for people. This included the introduction of an electronic care management system, improvements to end of life care planning and developing auditing and quality monitoring processes.
- People's care records evidenced the involvement of other health and social professionals to ensure they received care which met their changing needs. We saw evidence of the involvement of speech and language therapy, occupational therapy, district nurses, GP's, and physiotherapy.