Promedica24 UK Limited

Cassiobury House

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?	Requires Improvement

Summary of findings

Overall summary

Promedica24 UK Limited provides live in care staff to people living in their own homes throughout the country. Care staff are recruited in Poland and then come to the UK to live in people's home and provide care for a period of usually seven weeks. Cassiobury House provides 'living in' carers to support people in their own homes. At the time of our inspection 76 people were receiving live in support in their own homes.

We inspected Cassiobury House on 3 May 2017. We then made telephone calls to people who used the service and staff on 8, 9 and 10 May 2017. The inspection was announced.

At our last inspection on 5 October 2016, the service was found not to be meeting the required standards in the areas we looked at. They were rated inadequate and placed in to special measures. The service was found to have several breaches of regulation relating to. Accidents and incidents were documented by staff but no follow up or risk assessments were completed to help keep people safe. There were no systems in place to monitor risks to people's health and well- being. There were not sufficient staff resources to always cover staff when required. There were no systems in place that enabled staff to identify trends and patterns emerging to prevent risks and improve the service. The provider did not have effective governance in place and there were no systems to audit, monitor and drive improvement. There were no effective and accessible systems for identifying, receiving, handling and responding to complaints from people who used the service. Training did not cover all areas of people's needs People were not always involved with reviews of their care and support. Not all people received personalised care and support that met their changing needs and took account of their preferences. Safeguarding incidents had not been reviewed to determine any action needed to keep people safe. The review of accidents and incidents was not robust. The provider had failed to notify the Care Quality Commission of incidents which had taken place, which under the terms of their registration they had a duty to report.

At this inspection we found that the provider had made the improvements required. However, there were some areas that required further improvement. These have been addressed in the report.

There was a manager in post who was not registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The registered manager had resigned and their last working day was 26 August 2016. There was a new manager in place who had made an application to CQC to register.

Accidents and incidents were recorded by staff and risk assessments were completed to help keep people safe. There were systems in place to monitor risks to people's health and well- being. However, further improvements for the monitoring of these incidents to monitor emerging trends or patterns.

Care plans had been reviewed and updated since the last inspection. The plans were now person centred

and contained guidance for staff. However, we found some examples where care records required further updating to ensure they were accurate. People told us that they felt safe in their homes. Staff had received training in how to safeguard people from abuse. Staff knew how to report concerns. There were now systems in place to ensure that agency resources were available to cover staff when required.

We found that capacity assessments did not always consider each separate decision as required.

The provider had effective governance in place, there were systems to audit, monitor and drive improvement.

People knew how to complain and there were effective and accessible systems for identifying, receiving, handling and responding to complaints from people who used the service.

Relatives and people were positive about the skills, experience and abilities of staff who worked in their homes. Staff received training in Poland and monthly internet training supported by competency checks from care managers. The provider ensured that relevant training to meet specific needs were in place. Staff had received supervision to discuss and review their development and performance.

Staff had developed caring relationships with the people they supported and knew them well. People were involved with reviews of their care and support.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their changing needs and took account of their preferences.

People were supported to maintain good health and had access to health and social care professionals when necessary.

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.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their safety.

People were supported to take their medicines safely by staff.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Is the service effective?

Good

The service was effective.

Capacity assessments and best interest decisions had been followed. However further improvements were required.

Staff were supported to meet people's needs effectively with appropriate training. Staff received the support they needed.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

People were supported in a kind and compassionate way by staff that knew them well.

Care was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive.

Staff demonstrated good communication skills and the provider

ensured an English language test was in place.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

People were involved in the reviews of their care.

There was guidance available to staff to enable them to provide person centred care and support.

People and their relatives were confident to raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were effective systems in place to quality assure the services provided, manage risks and drive improvement. However, further improvements were required to monitor accidents and incidents for emerging trends or patterns.

Care plans had been updated and were now more person centred. However, we found examples where care records required updating to ensure they were accurate.

Staff understood their responsibilities, staff felt supported by the management team.

People's views were sought and used to review the service.

Staff were supported to ensure they received adequate breaks.

CQC were notified of incidents when required.

Cassiobury House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection of the office was carried out on 3 May 2017 by two Inspectors. We gave the provider 24 hours' notice of the office visit to ensure the appropriate people were available. We also telephoned people in their homes on the 8, 9 and 10 May 2017. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider had completed an action plan to improve the service and provided CQC with regular updates.

During the inspection we spoke with nine people who received a service in their own homes, six relatives, eight staff members, the registered manager, nominated individual, operations manager and two care managers. We looked at care plans relating to six people and four staff files. We looked at policies and procedures the service used and reviewed records related to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

At our last inspection the provider did not ensure that potential risks to people's health and well-being that were identified were managed effectively in a way that promoted their safety.
Where missed medicines had been recorded, there was no evidence of reviews taking place. Staff worked excessive hours and there was not adequate staff cover in an emergency.

At this inspection we found the registered manager was able to demonstrate to us specific safeguarding concerns they had dealt with and subsequently reported to the relevant local authority. Where previously the reporting routes to the various local authorities were not available to the care managers due to the geographical size of the service and operating in numerous counties, this had improved. The registered manager was able to demonstrate where they had been concerned about a person potentially being financially abused. They showed us where this had been identified by staff, reported to the local authority safeguarding team, and subsequently investigated.

Risks to people's safety and wellbeing were identified and responded to. For example, we saw one staff member identify that a person's skin was red and sore. They completed the incident record and body map. They then contacted the GP and District Nurse who reviewed the area and then advised to commence regular creaming. This was completed and notes demonstrated the area improved. One staff member told us, "I would report any concerns or accidents." They went on to demonstrate that they knew who they could report their concerns to outside of the organisation if required. For example, social services and CQC.

Incidents and injuries had been identified by staff and reported to the registered manager. Where required, staff had also completed a body map and the care manager had carried out an initial investigation of the incident. However, the incident reporting was managed in isolation and did not always trigger a review of a person's needs and were not analysed for trends and patterns that may emerge. The registered manager told us they would develop a tool that would instruct staff to review the care plan upon identifying an incident such as a fall.

People were employed to provide care and support to people only once they had undergone a robust recruitment process. We saw from records that staff had provided appropriate references which were taken up before they started work along with criminal records checks and confirmation of the person's identity. The registered manager was able to demonstrate where they had dismissed five employees for poor performance recently, and also where they had identified further staff requiring additional support. At the previous inspection we found that staff who had acted inappropriately in one person's home had been free to move to support another person in their home with little investigation into their conduct. The registered manager had reviewed this system and put in place a tracker that ensured staff whose conduct was being investigated were not able to start a new care package until the outcome was known and appropriate action taken.

The registered manager had conducted a review of their staffing levels and had recruited additional care managers to improve responsiveness and support given to care staff in a more localised area. The registered

manager had reviewed the care packages and times that staff worked, ensuring appropriate breaks were included and staff were not expected to work excessive hours. Staff had raised their concerns with the registered manager regarding their working hours, and we saw examples where these had been responded to. For example, one staff member had previously said they were tired and unhappy with the support they received from the managers, both in the UK and Poland. Following a review by the management team and the implementation of changes to the care package and local support given, the staff member later reported they felt happy and well supported in their role.

At our previous inspection we found that when staff needed to leave their placement due to an unforeseen emergency or sickness they were not always able to. The provider had taken steps to address this, and at the time of the inspection was in the process of recruiting their own bank of emergency care staff who would be on call within the UK. Whilst this was on-going, the registered manager had contracted a care agency to provide emergency cover, although had not used this agency at the time of the inspection.

People received their medicines as the prescriber intended. Medicine administration records (MARs) we looked at had no gaps or omissions and recorded clearly any allergies people may have. Medicines that were needed to be given at specific times, such as pain relief or medicines to relieve the symptoms of anxiety, were given as the time specified. However, MAR records were not countersigned by a second staff member to ensure the instructions were correct and also did not contain a coded system for staff to use when people refused their medicines for example. The registered manager told us they would implement this. Medicines given to people on an 'as required basis' for example pain relief were administered. However, where people were unable to communicate their needs to staff, an assessment instructing staff how to interpret when a person is in pain had not been completed.

Good

Is the service effective?

Our findings

At our last inspection the provider did not ensure that people were always involved to make certain decisions about their care. We saw in some care plans, that people's care choices and personal preferences around how their care was provided was agreed with their relative with no record of how the person themselves had been involved.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found they were. However we found further improvement was needed to ensure that the approach was consistently applied.

We saw in people's care records that consent to care had been documented and where reviews and assessments had been completed. People or their appropriate relative had signed the care record to indicate their consent. However, where people were unable to provide consent due to lacking capacity to make such decisions, we found further improvement was required. We saw from people's records that assessments of capacity had been completed when people were assessed prior to using the service. However, we found that these capacity assessments did not consider each separate decision as required, for example administration of medicines and consent to care. The assessments completed also then did not consider what was in the person's best interest. However there was clear evidence they had been completed with the person and their relative. Where people had power of attorney to make decisions on the person's behalf, we saw copies of these had been seen and copied. However, not all had been officially stamped by the office of the public guardian to demonstrate they were valid.

However we found that where people may not have the ability to make independent decisions, they had their capacity assessed. Where people were assessed as not being able to make decisions about their care the provider had now started to ensure that they followed the principles of the Mental Capacity Act (2005). Where people's relatives had a lasting power of attorney for the care and welfare or finances, the provider retained a record of this to ensure that the right people were involved with making decisions and these decisions were in the person's best interest. We saw evidence where one person's capacity had changed and a best interest meeting had been arranged with the mental health nurse and family members, there had also been involvement with the GP. The provider assured us that the principles of the MCA would be followed.

Staff understood the importance of choice and reporting changes about people's changing capacity. One staff member told us, "It is always about choice, the client has free will always we give them the choice to keep them independent." Another staff member commented, "We always should give client choices, we need to give them choices." They also went on to explain if the client feels unable to make a choice at a particular time that they could always try at another time to support the persons choice. Staff also explained

that they use visual aids such as holding up different items to support people with choice.

At the last inspection the provider had not ensured that staff had the training and competence to perform the required tasks and ensure that people's care needs were met. The provider did not have an effective way to ensure staff were competent or worked in line with best practice guidance. Staff did not have the opportunity to work with an experienced staff member to ensure that they were working to best practice. At this inspection staff confirmed that they received their induction and training before starting work in the UK. There was also monthly training available on the internet for staff to complete. Staff told us that the training and support had improved. One staff member said, "The last training was better we had the equipment we needed and better training." Another staff member said, "The training was very good we had an English test, moving and handling and safeguarding." They also went on to explain that they had a 24 hour hand over from the staff member who was leaving the contract to ensure they were familiar with the person's care needs and support. One staff member commented, "I have the skills to look after them [person who required the staff members support]." Staff also told us they felt supported by the care manager and received regular supervisions.

The registered manager told us that people were now given the opportunity to have up to a 48 hour handovers to ensure that new staff were familiar with the person's needs. One person told us, "They gave me a choice of two carers and a choice of a 24 hour or 48 hour change over. We went for the 24 hour and this worked really well." This gave staff the opportunity to work with the experienced staff member and to learn their responsibilities. Staff also received support with regular telephone calls from the Polish care managers and the English care managers would always attend and ensure the staff member was confident and understood their role. The care managers completed spot checks and competency checks to ensure best practice. One care manager said, "I get to see all my clients at least once a month and these visits are unannounced. We use these spot checks to ensure staff are feeling supported and to check that the client is happy with the support they have. We observe the staff to ensure they are competent." Following our previous inspection the registered manager had also carried out reviews of staff competency and had performance managed those staff who did not demonstrate an appropriate aptitude.

People who required support from external health professionals received this when required. People's relatives and records confirmed that staff or their relative contacted a wide range of professionals when people's needs changed. We saw that people were supported by district nurses, nutritionists, GP's, consultant doctors, occupational therapists, social workers, other care agencies providing personal care and when required, prompt referral to emergency services.

Good

Is the service caring?

Our findings

At our last inspection the provider did not ensure that all people who used the service were supported by staff that could communicate sufficiently in English.

At this inspection we found that staff had robust checks and tests in place to ensure they could speak and understand the English language. Staff we spoke with over the telephone were able to understand and respond to questions we asked. People we spoke with told us they could communicate and were pleased with the English spoken by the staff that supported them. One person said, "My carer speaks good English and they have a dictionary to help with different phrases." One relative commented, "They [staff] can communicate with [relative] really well. They also told us that the care manager had discussed the care plan with their relative and were pleased with the service they were getting.

At the last inspection we found people had not always been fully involved in the planning and reviews of the care and support provided. At this inspection we found that people were involved around the care and support they wanted and we saw that where people's needs changed these were reviewed.

People told us that they were visited by the care managers regularly and they confirmed that they were involved in discussions about their care. The care managers confirmed that they regularly visited people and would discuss their care needs. One person said, "The care manager comes round to see me and talks about my care."

People told us that staff were kind, caring and supportive. One person said, "I find the carer I have has been excellent. They are kind and caring and well trained." Another person told us, "They [staff] are very good; they cook, clean and look after me. They are kind and they explain all the time what they are doing. They are very professional." Relatives also felt staff were kind and caring. One relative said, "We are pleased with [staff members] English and the care provided is excellent, absolutely couldn't be better. They are very attentive and always happy and very positive."

Staff we spoke with understood the importance of maintaining people's confidentiality. Records were stored securely to ensure people's details were safe.

Good

Is the service responsive?

Our findings

At our last inspection the provider did not ensure that people were given choice about the staff that would come and live in their homes and provide their support and care.

At this inspection we found that people were now given choices about the staff they wanted to provide their support. We were told by the registered manager that people were sent two staff profiles that gave details about the person that included their experience. One relative commented, "We were given a choice of two staff, we chose [name of staff member] because they met my [relatives] needs. We were given an A4 sheet of paper with their details and experience." One person said, "They gave me a choice of two staff. I need someone to drive and they always manage to do provide this."

At the last inspection we found that care plans did not contain detailed guidance for staff on how to provide the appropriate care. At this inspection we found that these had been updated since the previous inspection.

We found that care plans were now person centred and that there was guidance for staff on how to provide people's care and support appropriately. We noted that care plans contained Information relevant to the person with guidance on the support required. For example, for one person that communicated using a computer or a communication board we noted that there was clear guidance for staff. Their relative told us that staff had alphabet cards to communicate. They said, "Staff speak with my [relative], I often hear them laugh together." One person said, "My carer [staff member] is very good they are compassionate have a good sense of humour, they have just offered me more tea. We have a really lovely relationship. They take me out, I have [health condition] quiet badly and it is difficult for me to get dressed." Another person said, "I go out in my wheelchair, we go out to the village and my carer [staff member] is happy to support me. I am able to live my life. We have a laugh together and I feel comfortable." We found that people were supported with shopping and accessing their communities with the support of staff. However there were further requirements needed and we have discussed this in the Well-Led part of this report.

People confirmed that they had contact details for Cassiobury house should they need to complain. People told us they had no reason to complain. We reviewed the complaints since the last inspection and noted all complaints had been investigated and responded to in line with the provider's complaints policy. The registered manager told us that they ensured all complaints were actioned.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the provider did not ensure that a robust or effective system was in place to either address concerns identified, or to continually monitor, review and improve the quality of care people received. Auditing systems in place were poorly managed and care record audits did not identify where information was missing. In addition there were not including the current needs of the person at that time and lacked risk assessments that met the person's needs. We also found that staff worked excessive hours despite this being identified as a concern at the last inspection. Accident and incidents were not reviewed or investigated appropriately and the provider had failed to notify the Care Quality Commission of incidents which had taken place, which under the terms of their registration they had a duty to report.

At this inspection the provider had taken significant steps to improve the systems of monitoring and improving the quality of care people received. However, there were still some areas that required improvement.

Through discussion with the registered manager regarding people's specific needs we found they demonstrated a thorough knowledge of people and their needs. They were able to recall specific incidents and how care staff had managed those incidents. The registered manager was aware of those people in the service who were at higher risk of injury and was able to tell us how they monitored and managed those individual concerns with the care management team. The registered manager commented, "The quality of the care we provide is what I am most proud of, now we have a good monitoring system that we are still changing. We are striving to find better ways to provide good care."

We found the system for reporting and investigating incidents had improved significantly, and a system was in place that had identified and responded to any incidents or areas of suspected harm. However, the monitoring of these incidents was managed in isolation and did not enable the registered manger to monitor emerging trends or patterns such as the time of the incident, type of injury or incident reported, and the person it related to for the whole service. The registered manager however reviewed the incidents on a daily basis, and did not close off an incident until they were satisfied all actions had been completed and the person was not at risk of harm. They told us they would implement a cumulative month on month tracker so they were able to gain a wider understanding of trends across a longer period. However, this was an area that required improvement.

People's care records had improved significantly since the last inspection. However we found continued examples where care records required updating to ensure they were accurate. For example, one person at risk of choking did not have an assessment in place, assessment tools used to monitor people's skin integrity had not been accurately completed and food and fluid records although complete had not been reviewed to ensure the person had eaten or drunk the target amount. Assessments where completed noted the date the care package commenced but did not record dates of when the assessment was completed or reviewed, in some examples these were two years old. However we found that people were receiving the appropriate care, we found that this was a records issue. This was an area that required improvement.

The registered manager told us that they felt supported by the provider and that there were weekly manager meetings where they would discuss any issues, share ideas and develop action plans where required. They told us that they received regular supervision from the nominated individual. The registered manager commented, "This is the first job where I feel really supported."

At our last inspection we found that the appropriate notifications were not always made. At this inspection we found that notifications were submitted appropriately. We saw when reviewing incident and accident records where people had suffered an injury that required notifying, the registered manager had ensured the relevant people were informed. This included areas relating to safeguarding people from harm.