

## Promedica24 UK Limited Promedica24 UK Ltd

#### **Inspection report**

Cassiobury House 11-19 Station Road Watford Hertfordshire WD17 1AP

Tel: 01923381200 Website: www.promedica24.co.uk Date of inspection visit: 29 September 2020 30 September 2020 06 October 2020

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Ratings

## Overall rating for this service

Inspected but not rated

Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

## Summary of findings

#### Overall summary

#### About the service

Promedica24 UK Limited provides live in care staff for people living in their own homes throughout the country. Staff are recruited in Poland and come to the UK to live in people's homes and provide care and support for a contract period of usually six or seven weeks at a time.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 115 people were receiving live in support in their own homes.

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

CQC had received increased numbers of notifications about how people using the service were being kept safe. This included issues around staff training and support, moving and handling practice, accident and incident management, and staff behaviours. A decision was made for us to inspect and examine those risks.

During the inspection the registered manager advised that the volume of care packages managed by the Watford office had increased from 55 at the previous inspection in January 2020 to 115 currently. This increase was as a result of one of the provider's offices closing and the administrative tasks merging. This helped to explain the increase in notifications from this service.

We explored the outcomes of complaint investigations, safeguarding investigations and incident reporting and found that the provider had a good oversight of these matters and provided support to the registered manager as and when needed.

The service took action to help reduce the transmission of Covid 19 and other infections. Staff reported that personal protective equipment (PPE) was readily available to them and that they had received appropriate training. Staff were knowledgeable about any current Covid 19 restrictions in their local area and what this meant for them and the person they supported.

We explored staff knowledge of safeguarding vulnerable adults and reporting concerns to external bodies for investigation. Staff were very clear about internal reporting processes and how to report concerns externally if needed. Staff received training, supervision and competency assessments to help ensure they had the right skills and knowledge to support people safely.

The registered manager and provider had good oversight of the service and the management of any concerns, complaints or safeguarding matters. There were clear reporting systems that were understood by the entire staff team.

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 08 August 2020).

#### Why we inspected

We undertook this targeted inspection to review specific concerns around increased numbers of notifications and complaints. CQC have introduced targeted inspections to follow up on enforcement notices or breaches or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Please see the safe and well-led section of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

### The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Inspected but not rated
At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.	
Is the service well-led?	Inspected but not rated
At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.	



# Promedica24 UK Ltd

## Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns following safeguarding notifications about staff training and support, poor moving and handling practice, accident and incident management and staff behaviour.

#### Inspection team

This inspection was undertaken by two inspectors, one of whom completed a site visit to Promedica24 UK Limited office on 30 September 2020. One inspector facilitated the inspection remotely and interviewed the registered manager by video link.

#### Service and service type

This service is a domiciliary care agency. It provides live-in personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 28 September 2020 and ended on 07 October 2020. We visited the office location on 30 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider had not been asked to complete a recent provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with relatives of five people about their experience of the care provided. We spoke with the registered manager by video link and received feedback from eleven care managers and care workers. We reviewed recent quality assurance feedback received by the provider from people who used the service and their relatives. We reviewed a wide range of records relating to the management of the service, including staff training records, risk assessments, complaints log, records of accidents and incidents, workplace observations and the registered manager's improvement plan for the service.

## Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about staff training, moving and handling practice, accident and incident management and staff behaviours. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- One of the risk factors leading to the decision to undertake this targeted inspection was the number of notifications of accidents, incidents and safeguarding referrals had increased in recent months. However, at this inspection we found that the number of care packages had more than doubled since the previous inspection site visit in January 2020, increasing from 55 to 115 at this inspection. This was due to the closure of another of the provider's locations to merge the administrative element of the operation with the Watford office and explained the increase in notifications from the service.
- We reviewed accidents, incidents and safeguarding notifications with the registered manager to understand how the provider's reporting systems worked. The care worker updated a central register with any accident or incident. The care manager then kept the matter under review, providing support as needed and monitoring. The registered manager had an overview of this register, submitted notifications to local authority teams and CQC as needed and liaised with the care manager to help ensure appropriate investigations were undertaken.
- When the service received a referral for a new care package a care manager visited the person in their home to undertake a full assessment of their needs and to assess any potential risks to their safety or wellbeing. This included environmental risks and physical and emotional risks. The care manager then continued working closely with the person through to a care worker being assigned and moving into post. The registered manager reviewed all new care package files to satisfy themselves that all appropriate risks had been assessed and planned for.
- A care manager explained how they satisfied themselves that care workers had the skills necessary to maintain people's safety. They told us, "All mandatory training is completed in Poland prior to their travel and stay. They receive ongoing training via internet while they are at their contracts. I provide additional moving and handling training to staff on arrival. I do moving and handling observations and medication observations to ensure care workers are working well and confident within agreed ways of working. I check and audit report books to ensure good documentation and check for any errors."
- People's relatives told us they felt confident people were safe being supported by the live in care workers. All staff said they had received the training and support they needed to protect and promote people's safety. Feedback received by the provider confirmed that people felt safe being supported by Promedica 24 UK limited staff team.

Systems and processes to safeguard people from the risk of abuse

• Care workers had received training about how to recognise potential signs of abuse and confirmed that they understood how to report any concerns both within the organisation and to external agencies. Records confirmed that staff had received training in this area.

• Care managers spoke with the care workers on their area frequently and explored their knowledge of safeguarding matters routinely.

#### Staffing and recruitment

• We did not view staff recruitment documents at this inspection. All recruitment was undertaken in the provider's Polish head office. All checks were undertaken in Poland including references, criminal record checks both from Poland and the UK.

Preventing and controlling infection

• The nature of this service means that care workers came from Poland to live with, and provide care and support, for people living in their own homes. We explored with the registered manager, care workers, and people's relatives how this worked in practice during Covid 19 restrictions. Care workers self isolated with people in their own homes for 14 days after arrival in the UK. This was flagged as a concern and CQC are currently reviewing the matter. The care workers wore masks throughout this isolation period in order to help prevent transmission of the virus.

• The registered manager advised, and care workers confirmed, that all people who used the service had a specific risk assessment in respect of Covid 19. Care workers told us that many families had chosen not to physically visit people because they wished to help keep them safe. Some families had continued to visit people but had reduced the number of people visiting and the frequency of visits.

• A relative had been advised of a change of care worker in the near future and had received clear information from the service about the protocols to be followed to help keep people safe. They told us they were anxious about how their relative would cope with the new care worker wearing a mask for that length of time, however, said that once the isolation period was completed they had peace of mind that infection control protocols were observed in the best interests of their relative.

Learning lessons when things go wrong

• We discussed four safeguarding investigations that were in progress at the time of the inspection. The registered manager advised these had come from different sources and that no specific themes or patterns had been identified.

• However, the registered manager did elaborate about learning that had been taken from these investigations. They told us, "One thing we have identified is that care workers' notes need improvement. Based on that our next care worker theme will be around note taking, making notes more person centred and detailed."

## Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check management of staff changes, management engagement with staff and people who use the service and management oversight of staff training, moving and handling practice and accident and incidents. We will assess all of the key question at the next comprehensive inspection of the service.

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

• The registered manager had a team of six care managers who were responsible for up to 25 care packages each. The care managers were the first contact for people who used the service, relatives and care workers. The registered manager maintained daily contact with the care managers to help ensure they kept up to date with any matters affecting the smooth running of the care and support provided for people.

• The registered manager said they were proud of the team for providing person centred care with good outcomes for people. They said, "I have an amazing team that I trust implicitly to do the job that they do. I manage a team of six care managers, I speak with them most days. I do supervisions with care managers; I have an overview of their monthly audits, these are randomly spot checked by me and any shortfalls are discussed at supervision."

• The registered manager did not keep a record of which files, audits and records had been checked as part of their random spot checks. They undertook to amend their system going forward to include details of records reviewed together with actions identified to address any shortfalls.

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

• The provider had a 24 hour reporting system for care workers log any incidents, accidents or concerns. Care managers reviewed all accidents and incidents on their area to update the information and ensure that swift resolution was found for the issue. The registered manager checked the system morning and night, liaised with care managers to ensure all appropriate actions were taken and submitted notifications as needed to the local authority or CQC.

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

• Care managers undertook a minimum of monthly visits to people's homes to meet with people and staff, to collect report books and medication administration records and to deliver PPE supplies. Care manager's reported they had continued with these visits during the pandemic but had maintained social distancing protocols to protect both people and care workers.

• The provider had systems to receive regular quality assurance feedback from people who used the service and their relatives. When a care worker left a contract after the agreed timeframe (usually six weeks approximately) an appraisal form was sent to the person, or their relative where appropriate. This provided the registered manager with feedback on the staff member's performance. The completed appraisal forms were monitored by the provider, any negative feedback or concerns was shared with service and handled under the provider's complaints policy and procedure.