

Promedica24 UK Limited

# Promedica24 UK Ltd

## Inspection report

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19 December 2019

28 January 2020

29 January 2020

31 January 2020

28 February 2020

Date of publication:

11 August 2020

## 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

### About the service

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.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our inspection 55 people were receiving live in support in their own homes.

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

People and their relatives were happy with the support they received. They regarded staff as an extended part of their family and were happy with the care and support they received which enabled them to remain in their own homes.

People felt safe with staff and had their needs met. Staff developed good relationships with people and were respectful of people's privacy. Relatives felt their family members were cared for safely by well-trained staff, who were kind and respectful. Staff received the training and support they needed to enable them to support people effectively.

There were enough staff to meet people's needs. Recruitment processes were robust and personalised to help ensure the right candidates were selected for the right people.

People received their medicines safely from trained staff. Accidents and incidents were analysed, and lessons were learnt and shared with the staff team.

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.

Staff supported people to eat and drink enough and people were involved in making decisions about their care where possible. Relatives assisted when appropriate. Staff gave and respected people's choices. Their preferences on how staff delivered their care were recorded in care records for staff to follow.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was good (published 21 June September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Promedica24 UK Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was completed by two inspectors. One inspector carried out the inspection and visited the office and the second inspector completed the report

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 it is a domiciliary care agency 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 19 December 2019. We spoke with people and their relatives on 28 and 29 January 2020. We visited the location on 31 January 2020. We then further spoke with people on 28 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the 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 also sought information from local authorities

and health professionals who worked with Promedica24.

During the inspection

We spoke with five people who used the service and four relatives. We spoke with five members of staff, the registered manager and the provider.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at development plans for the service, quality assurance records and further evidence of how the service supported people.

# 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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff supported them. Relatives of people felt that staff provided safe care to their family members. One relative told us, "I was initially worried about having a live in carer but I feel that outcomes have been significantly exceeded for [person] and the family as we know [person] is safe and well cared for on a daily basis."
- Staff received training in safeguarding procedures and were confident in describing signs and symptoms they would monitor to establish if people were at risk of harm. They knew how to report their concerns internally and externally to local safeguarding authorities.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and relatives were involved in all the aspects of their care. This included the assessments of risks to people's well-being. Risk assessments were reviewed monthly or more often if people's needs changed.
- There was a drive to mitigate the risk of hospital admissions. The provider had an emergency team available 24/7 to respond and offer advice on care and support for people and staff when needed.
- Accidents and incidents were analysed, and the provider actively responded to any trends or increased risk. For example, through analysing and reviewing incidents each month the provider identified an increase in the number of reported incidents of people having a urinary tract infection and being admitted to hospital as a result. The provider put together an information fact sheet for every staff member translated in their native language and supplied a kit for staff to use to identify early signs of infection. This had a positive impact on people and hospital admissions reduced.
- Lessons learnt process was in place to ensure the service constantly improved. A service improvement plan was developed where any improvements needed were recorded and actions were monitored by the registered manager.

Staffing and recruitment

- The service offered to people was a live-in service. This meant that staff were available to help and support people throughout the day when they needed this. In case people needed support during the night this was assessed and if needed agreed with them to have an extra staff member for nights.
- People or their relatives were involved in selecting their own staff to help ensure their personalities matched and their needs were met. When people's regular live-in staff member had time off, they were replaced by another staff member known to the person and their families to ensure continuity of care.
- All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- The provider told us in the provider information return that they introduced monthly medicine administration record audits whereby people were asked for their views on how their medicines were managed and if they were supported to be as independent as possible in this area.
- People were supported to manage their own medicines after an assessment was carried out to ensure they were able to do this safely.
- Monthly audits ensured that the people`s medicines were administered as intended by the prescriber and safe and accurate records were kept.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.

Staff support: induction, training, skills and experience

- Staff received training in all subjects considered mandatory by the provider. Subjects included safeguarding training, health and safety, basic life support, medicine administration and others.
- Staff had regular supervisions with their line managers, and they had support when needed from care managers and the registered manager.
- Newly employed staff members received an induction and their competency was assessed before they commenced work to ensure they were able to meet people's needs effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People's food likes, dislikes and their preferences were included in their care plans. This was regularly updated and discussed with people and, where appropriate, their relatives.
- Staff monitored people's weight and food and fluid intake if this was an assessed need. They also contacted health professionals like speech and language therapists, dieticians and people's GP's if there was a need for it.

Staff working with other agencies to provide consistent, effective, timely care

- Staff helped people to attend appointments if this was needed as well adapted the support people required in case their needs changed.
- Staff communicated with other community health and social care practitioners and GP surgeries when there was a need for it. One staff member wrote, "I work with the District Nurses who visit regularly, and I enable [person] to attend the chiropodist clinic. I travel with them and provide companionship." One health professional wrote, "The carers are always friendly and helpful. I gave advise to carers on how to care for [person] and they are well today and in good condition."

Supporting people to live healthier lives, access healthcare services and support

- The registered manager sent us evidence on how staff promoted a healthy lifestyle for people.
- Staff helped people exercise and with other activities like swimming. One staff member wrote, "I realised that practicing activation exercises with [person] is extremely important. At the beginning we started from the arms and legs exercises I noticed that [person] had better and better coordination of movements."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff enabled people to have choices in every aspect of their daily life.
- Where people were found lacking capacity to make certain decisions, their family members where appropriate and other health care professionals were involved in their care to ensure that the support they received was in their best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives praised staff for their caring and respectful attitude. Relatives told us that although they had their reservations about having a live- in staff member with their loved one, they were pleased how positive the impact was on people. One relative wrote, "Our family feel the carers have become part of our extended family and we encourage them to feel at home and to be able to voice any concerns or problems. The carers are invaluable as without them [person] would not be able to live at home."
- People developed a bond with staff supporting them and often their well-being and behaviours improved. One relative wrote, "Live in care has made a great deal of difference to [person], they never really admitted feeling alone, they would say to the family "no one ever visits". [Staff member] is their companion. I have seen them spending a lot of time with [person]. [Staff's name] is company for them and they really like that."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and they chose how they wanted staff to support them. One person wrote, "Having carers provided by Promedica24 allows me to do far more than simply just live. It provides me with the ability to properly function, and perhaps even of more value than that: the ability to achieve goals which appeared insurmountable at first glance. I am entirely aware of how fortunate I am to be able to get the kind of care that I need. Simply put, without the care provided by Promedica24, I would indeed be a very different person. I will be without the ability to travel, without the ability to pursue a career, and without the ability to socialise with friends. What kind of life would that be? Thankfully, that's a question that I seldom have to answer."

Respecting and promoting people's privacy, dignity and independence

- People felt comfortable and at ease with staff supporting them with personal care. Some people were reluctant to allow any staff member or even family members to help them with their personal hygiene needs. With patience and respect staff managed to earn their trust and ensure they had their personal hygiene needs met. This promoted people's dignity.
- One staff member wrote, " [Name of person] did not allow anyone to provide personal care, not even their [family]. After three weeks of observing they allowed me to wash their legs. I did it extremely gently and thoroughly. It pleased them. Then it became easier. [Person] now allows me to help daily with their personal care whilst promoting their independence and maintaining their dignity."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included information about each individual's needs and strengths. People could express their preference about the gender of the staff supporting them as well as their culture, interests, likes and dislikes were known to staff.
- People and their relatives were happy with how staff engaged with people, encouraged social interaction and helped people access the community. One relative wrote, "I cannot rate [name of staff] highly enough, things were not good for both [family members], and they completely turned it around for them, and enabled them to be together at home. [Staff member] did BBQ's for them in the summer, they are always laughing. They will call if they have a concern and they are usually correct, and we have no worries for [family members] when [staff] is there."
- Relatives detailed how responsive staff were to people's needs and if needed sought other professionals help to ensure people's needs were fully met. One relative wrote, "Each carer has been very professional but also intuitive to any change of health circumstances in my [family member]. All the carers have built up a good friendship and bond not only with [family member] but also with their extended family. The carers have made a significant impact on my [family member] and I think their wellbeing has improved as they feel happy and safe in their company."
- There were various activities and engagement opportunities funded by the provider to encourage people to be part of the community and avoid social isolation. These included organised visits to the seaside for fish and chips, commissioning an ice cream van to visit people and have an ice cream whilst reminiscing about the past. There were various other events organised by the provider every year for people and their families to enjoy together.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People`s care plans detailed what communication needs they had. Where people were unable to communicate verbally staff observed their facial expressions, body language and changes in behaviour to ensure the care and support they received was to their liking.
- The registered manager ensured that people received information in the format they preferred and understood.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints team to ensure all complaints were appropriately logged, investigated and responded to. Actions were taken and lessons were learnt where it was identified that improvements to the service were needed.

#### End of life care and support

- There were care plans in place for staff to understand how to support people nearing the end of their life. Staff not only supported people but offered support to close family members in difficult times

# 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 requires improvement. At this inspection this key question has now improved to 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

- People and their relatives were positive about how the service operated. They found the management team approachable, helpful and centred around people's needs. One relative wrote, "Promedica24 are well organised, even when our care worker [had to have time off], Promedica24 were responsive and we had care in place to cover this time, our care manager came over and stayed with [person]. This meant [person] was able to have continuity of care until the new carer arrived."
- There were regular audits done by the registered manager and other members of the management team to ensure that the quality of the service was monitored. These included medicine audits, care plan audits and visits carried out by care managers to check if people were happy with the support they received from their live-in staff member.

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 registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff received training before they started work. This included all staff's English language skills verified by an external independent UK language school and other training relevant to their role as well as meeting people and their families.
- There were clear lines of accountability for managers and staff across all areas of the service.
- The provider was actively looking to improve the service. They were planning to carry out an audit using the dementia baseline assessment tool developed by The National Institute for Health and Care Excellence (NICE) to ensure they were compliant with best practice in relation to dementia care.
- The provider was actively engaged nationally with other health and social care organisations to raise the profile of live-in care. They were committed to continuously learn and improve their service and ensure they were delivering care and support to people following best practice guidance.
- The provider had a quality lead group in place with the aim to share good practice, improve learning and development and to bring improvements and innovations to their services.

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

- People's views and opinions were sought by the provider to ensure they had feedback about the service they provided. Feedback received from people and relatives was positive, people were happy with the quality of the service they received.
- Staff received support when they needed it. The provider had a 24 hour helpline for staff to seek support in case of emergencies.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.
- The provider proactively engaged with people and other organisations to assess and minimise risks to the environment, premises and equipment used in people's homes. They were working on a falls campaign to reduce the number of falls people had and the number of hospital admissions and to enable people to feel safer at home.
- The provider was working collaboratively on a pilot scheme with the fire service on a joint approach to fire risk assessments and smoke detectors in people's homes.