Promedica24 (Lancashire) Limited

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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?	Good

Summary of findings

Overall summary

We carried out an inspection of Promedica24 (Lancashire) Limited on 23 and 24 January 2018. We gave the service 48 hours' notice to ensure that the registered manager would be available when we visited.

Promedica24 (Lancashire) Limited is a live-in care service. It provides personal care and support to people living in their own homes. It provides support to people with a variety of needs, including people with a physical disability, sensory impairment, younger adults, older people and people living with dementia. Care workers are recruited by the provider in Poland to support people in the UK. Each care worker supports a person for a period of between six and twelve weeks in their home. Staff then have a break of between one and three months, when a different member of staff provides support. At the time of our inspection the service was providing personal care and support to 16 people.

At the time of our inspection there was a registered manager at the service who had been registered with the Commission since January 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was our first inspection of this service. During the inspection we found that the provider was meeting all regulations.

The people we spoke with told us staff provided them with 24 hour care and were available to support them when needed.

People told us they felt safe when staff supported them. Staff had a good understanding of how to safeguard adults at risk and told us they would report any abusive practice to their personal care manager.

Records showed that staff had been recruited safely and staff told us they had received an effective induction. Staff received regular supervision and their practice was observed to ensure they were providing safe care. Staff told us they felt well supported by their personal care manager and the registered manager.

We found evidence of safe medicines processes and practices. However, additional information relating to dosage instructions needed to be included on people's medicines administration records (MARs). We were assured that this would be addressed. Staff had completed medicines management training and their competence to administer medicines safely was assessed regularly. People told us they received their medicines when they should.

People were supported with their nutrition, hydration and healthcare needs. Staff sought medical attention and referred people to community healthcare professionals when appropriate. Community health and social care professionals gave us positive feedback about the service.

People were happy with the care and support they received from the service. They told us their care needs were discussed with them and they were involved in decisions about their care.

People liked the staff who supported them and told us they were caring. They told us staff respected their right to privacy and dignity when providing care and encouraged them to be independent. We found evidence that people's confidential information was protected.

We found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the main principles of the Mental Capacity Act 2005 (MCA). They sought people's consent before providing support and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People told us they knew who to contact if they had any concerns or if they wanted to make a complaint. We found evidence that the complaints received had been investigated and responded to appropriately.

People were asked to give feedback about the service they received during regular reviews and in satisfaction surveys. We reviewed the results of recent surveys and found that people had reported a high level of satisfaction with the support they received.

People we spoke with told us they were happy with how the service was being managed. They found the staff and registered manager approachable and helpful.

We saw evidence that regular audits were completed and found that these checks were effective in ensuring that appropriate levels of care and safety were maintained.

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.

There were safe medicines policies and practices in place and records showed that all staff had received medicines management training. People told us they received their medicines when they should.

People told us staff provided them with 24 hour care and were available when they needed support.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were appropriate to support adults at risk.

Staff had completed safeguarding training and told us they would report any abuse to their personal care manager or the registered manager.

Risks to people's health and wellbeing were assessed and reviewed regularly. We found evidence that people's risks were being managed appropriately.

Is the service effective?

Good

The service was effective.

Staff told us they were happy with the induction they received when they joined the service. Their induction included information about care in the UK and a variety of relevant training.

People's care needs were assessed before the service began supporting them. This helped to ensure that the service was able to meet their needs.

Staff understood the importance of seeking people's consent and supporting people to make decisions about their care. Where people lacked the capacity to make decisions, their relatives were consulted.

Staff supported people with their nutrition, hydration and

healthcare needs and referred people to community healthcare agencies when appropriate. We received positive feedback from community professionals about the support provided by the service.

Is the service caring?

Good

The service was caring.

People were given information about the service when they started receiving care. This included a service user guide which was available in a variety of formats.

People told us staff were caring and kind and they were always introduced to new staff.

People told us their care needs had been discussed with them and they were involved in decisions about their care.

Staff respected people's right to privacy and dignity and encouraged them to be independent.

Is the service responsive?

Good

The service was responsive.

People received personalised care which reflected their needs and their preferences.

People needs were reviewed regularly and we saw evidence that their care plans were updated when their needs or risks changed.

People felt able to raise concerns with the staff or the registered manager. We found evidence that complaints were investigated and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People were asked to give feedback about the care and support they received during regular reviews and in satisfaction questionnaires. People reported a high level of satisfaction with the service.

People told us they were happy with the way the service was being managed and that staff and the registered manager were approachable.

Staff felt that the service was managed well and felt supported by their personal care manager and the registered manager. They felt fairly treated as employees.

Regular audits of the service were completed and were effective in ensuring that appropriate standards of care and safety were being maintained.

Promedica24 (Lancashire) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 and 24 January 2018 and we gave the provider 48 hours' notice, as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by an adult social care inspector and an 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. The expert by experience contacted people who received support from the service or their relatives by telephone, to gain feedback about the care provided.

We used information the provider sent us in the Provider Information Return. This is information we usually require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service, including safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law.

As part of the inspection we contacted nine community health and social care agencies who were involved with the service for feedback about the care provided. This included service commissioners, district nurses, occupational therapists, dietitians and a community mental health team. We also contacted the Quality and Contracting Unit at Lancashire County Council and Healthwatch Lancashire for feedback. Healthwatch Lancashire is an independent organisation which focuses on the public's experiences of health and social care in Lancashire.

As part of the inspection we spoke on the telephone with five people who received support from the service and one relative. We spoke with three care workers, the registered manager and three of the provider's company directors. In addition, we reviewed the care records of two people who received support from the service. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered. We also looked at the results of the most recent satisfaction surveys completed by people being supported by the service and staff.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff supported them. Comments included, "There is no risk of falling. The carer is always available when I am mobile etc." and "Hoists are used safely and any risks are managed well".

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about administration, self-administration, 'as required' medicines, over the counter medicines, disposal, consent, refusals and errors. Up to date NICE (National Institute for Health and Care Excellence) guidance was available in the office for reference. Records showed that all staff had completed training in the management of medicines.

We found evidence that staff members' practice was observed regularly. This included an assessment of their competence to administer medicines safely. The completion of medicines administration documentation was also reviewed as part of the observations. The staff we spoke with demonstrated they understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We reviewed the Medication Administration Records (MARs) for two people. We found that they had been completed appropriately by staff to demonstrate that people's medicines had been administered or if medicines had not been administered, for example if people were away, the reason was clearly recorded. We noted that the MARs did not include full dosage instructions for two medicines, such as the maximum dosage in 24 hours and the minimum period between doses. We discussed this with the registered manager and the quality assurance director. They assured us that this would be addressed and clear dosage information would be available on each person's MAR.

We noted that people's MARs were audited during staff spot checks and during the monthly visits carried out by the registered manager. We found evidence that where shortfalls had been identified, action had been taken to improve staff practice. The quality assurance director showed us a new medication audit which was in the process of being introduced at the service and included a check on whether full instructions for use were documented on people's MARs.

People told us they were happy with how staff supported them with their medicines and they received their medicines when they should. One person told us, "The carer is very meticulous with my medication". Another person commented, "The carer brings my medications to me and prompts me to take them daily".

We looked at staffing arrangements at the service. People told us staff were always with them when they should be. Comments included, "It's 24 hour care and yes, my carer is always here" and "Yes, 24 hours and she [staff member] is on the ball". One relative told us, "The carer is here 24 hours unless [my relative] gives her a break".

We looked at how the service safeguarded adults at risk. There was a safeguarding policy in place which

included information about the different types of abuse, staff responsibilities and the contact details for the local safeguarding authority. Records showed that all staff had completed safeguarding training as part of their induction. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with their care manager or the registered manager. They were aware that they could raise their concerns with CQC or the police. However, they were not aware that they could raise their concerns directly with the local safeguarding authority. We discussed this with the registered manager who advised that the contact details for the local authority were kept in each person's care file in their home. She told us that staff would be reminded of this and of the contents of the safeguarding policy.

Records showed that there had been one safeguarding concern in respect of the service in the previous 12 months. We found evidence that the concern had been investigated appropriately and lessons learned had been shared within the service.

There was a whistle blowing policy in place which encouraged staff to report instances of poor practice by a colleague. The contact details for the local authority and CQC were included. One staff member told us, "I could raise concerns without any fear of the consequences".

We looked at how risks to people's health and wellbeing were managed. Risk assessments had been completed for each person, including those relating to medicines, moving, falls, skin condition and the home environment. The assessments included information for staff about the nature of each risk and how people should be supported to manage it. We saw evidence that risk assessments had been reviewed regularly. Information was also available about the support that people would need from staff if they needed to be evacuated from their home in an emergency.

A record was kept of accidents and incidents that had taken place in relation to people being supported by the service. We saw evidence that people had received appropriate support and staff had taken any necessary action, such as seeking medical attention. Staff told us they reported any concerns about the people they supported to their care manager. Records showed that accidents and incidents were reviewed monthly to identify any trends or patterns and to ensure that appropriate action had been taken. None of the people we spoke with had experienced any accidents.

We looked at the recruitment records of two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and at least two written references had also been obtained. We noted that a reference had not been sought from one staff member's employer at the time of their application. The quality assurance director informed us that this issue had recently been identified and improvements had been made to the service's recruitment processes. These checks helped to ensure that the service provider recruited staff who were suitable to support adults at risk.

Staff told us that communication at the service was good. They told us they documented the support they provided to people and any concerns identified. They told us that they always contacted their care manager or the registered manager if they had any concerns about a person's health or wellbeing and, where appropriate, discussed any concerns with family members. One staff member told us, "There's a 24 hour line and if we are concerned we can ring the care manager in the UK or Poland. We can access someone anytime for advice". Another staff member commented, "If there are any problems, I can ring [registered manager] anytime and there's a 24 hour emergency line". We reviewed people's daily visit records and found that information documented by staff included the support provided with personal care, meals, drinks,

medicines, domestic tasks and activities, as well as any concerns identified.

People's care documentation and staff records were kept securely at the office and only accessible to authorised staff. This helped to ensure that people's personal data was protected.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that all staff had completed infection control training. The staff we spoke with confirmed they had completed the training and told us they had access to infection control equipment, including gloves and aprons. Staff understood the importance of following appropriate infection control practices to keep people safe. One staff member told us, "I wear aprons and gloves for personal care and helping people when they wash". People told us staff wore gloves and aprons when they supported them. They had no concerns about staff members' hygiene or infection control practices. One person told us, "The carer wears an apron when helping me into the bath".

Good

Is the service effective?

Our findings

People told us they were happy with the care they received. Comments included, "I am very happy" and "My needs are being met, yes". One relative commented, "My [relative] loves these two carers".

People told us they felt staff had the knowledge and skills to meet their needs. One person commented, "My carer is very skilled".

The registered manager completed an assessment of people's needs before the service began supporting them. Assessment documents included information about people's needs, risks, routines and personal preferences. This helped to ensure that the service was able to meet people's needs. One person told us, "I was in a care home when they visited me to assess my needs".

We looked at how the service addressed people's mental capacity. 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 make 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. The service had a MCA policy which included information about the principles of the MCA, capacity assessments, best interests decisions and Court of Protection applications. The registered manager told us that they were not supporting anyone who was subject to a Court of Protection order at the time of our inspection.

Records showed that all staff completed MCA training as part of their induction and this was confirmed by the staff we spoke with. In addition, all staff had completed dementia awareness training. The staff we spoke with understood the importance of seeking people's consent before supporting them, even when people lacked the capacity to make decisions about more complex aspects of their care. They were aware of the importance of giving people the information they needed to make decisions and that people had the right to refuse care regardless of their capacity. One staff member told us, "The person I am currently supporting has full capacity. They can make all of their own decisions". Staff were aware that where people lacked capacity, their relatives should be involved in decisions about their care, in line with the principles of the MCA. One staff member commented, "Currently there are no capacity issues with the person I am supporting but previously I supported a person where the family had lasting power of attorney".

People told us that staff sought their consent before providing support. One relative commented, "As far as I know my [relative] is asked for her consent". On staff member told us, "I ask people for permission, for example before giving them their medication".

We reviewed two people's care plans. We found they included information about people's needs and how they should be met, as well as their likes and dislikes. Each care plan contained information about what people were able to do for themselves and how care and support should be provided by staff. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, we saw evidence that their relatives had been consulted in line with the principles of the MCA.

Staff told us they were happy with the induction they had received when they started working at the service. Comments included, "I was pretty happy with the induction. They were very organised", "We did the induction and training in Poland. We did everything we needed. It was good" and "The induction and training was fine. We spent one week at a training centre. It included practical training using different equipment and our ability to speak English". Records showed that the staff induction included an introduction to care in the UK, responsibilities of the carer, duty of care and professional boundaries, health and safety, moving and handling, safeguarding, medicines management, infection control, first aid and fire safety.

New staff received a staff handbook when they joined the service. This included information about staff responsibilities, training, communication and health and safety issues. Staff also received an operational guide, which included practical guidance around issues including effective communication, safeguarding, medication, pressure ulcers, dementia, continence care, nutrition and the action to take in an emergency. In addition, staff received a "What the care worker should know" guide. This contained a variety of useful practical and cultural information for staff about life in the UK. Information about utilities, traffic, shopping, banking, recipes and a language guide book were included. This helped to ensure that staff were able to understand and meet people's needs.

Records showed each staff member's practice was observed regularly, when they were assessed in relation to a number of issues including appearance, communication, infection control, medicines, moving and handling, documentation and whether the care provided reflected the person's care plan. We saw evidence that where shortfalls in practice were identified, these had been addressed with staff.

We reviewed staff training records and found that in addition to safeguarding and infection control, all staff had completed up to date training in fire safety, moving and positioning and first aid. The staff we spoke with told us they had completed training when they joined the service and their training was updated regularly. They told us they could ask for additional training if they felt they needed it and received additional training when they supported people with specialist needs.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and found the issues discussed included training and development, the needs of the people being supported, staff availability and any other issues or concerns. We saw evidence that staff were given constructive feedback about their performance and were given the opportunity to raise concerns or make suggestions. The staff we spoke with told us they could raise any concerns during their supervisions. They told us they felt well supported and fairly treated by the registered manager. One staff member commented, "I feel safe as a foreign worker in a foreign country. That's very important to me. I feel well supported. I'm regularly asked if I'm ok". Another staff member told us, "I'm asked for my views at monthly supervision and my care manager contacts me during every new contract".

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary needs, risks, routines and preferences. Risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration. Records showed that all staff had

completed nutrition and hydration training. One staff member told us they had received the specialist training necessary to meet the nutritional needs of the person they were supporting.

People told us that staff supported them with their nutrition and hydration needs. Comments included, "Yes, all food is prepared by two carers, with fluids in addition", "My carer is an excellent cook. He prepares lovely Polish food" and "Breakfast, lunch and a cooked meal at night, plus all drinks daily".

We looked at how people were supported with their health needs. Care plans and risk assessments included information about people's medical history, allergies, their health needs and guidance for staff about how to support them. The staff we spoke with told us they contacted their care manager if they had any concerns about a person's health and they contacted healthcare professionals and people's relatives when appropriate. One staff member commented, "I ring 111 if I'm concerned and I've called an ambulance twice". We saw evidence that staff had contacted healthcare services, including GPs, paramedics and occupational therapists when needed. Staff told us they had received specialist training to enable them to support people effectively, including training in stoma and PEG (Percutaneous endoscopic gastrostomy) management.

We received a response from two of the community health and social care professionals we contacted for feedback about the service. One professional told us, "I am very happy with their person centred care plan for my client. She has not been out for a long time and is going out a lot now. They read for her. They ask her daily how she feels and what she would like to eat. They are working hard with her. Communication is very good via email and care notes. I really can't say anything bad about them". Another professional commented, "No concerns. Very impressed with the overall presentation of [person supported]. Improvement in all areas of personal care, social activity and wellbeing. Carers have good social skills and in managing challenging behaviours".

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were caring. One person told us, "Yes, they are definitely kind and always ask politely what I want". One relative commented, "Yes they are caring. They think a lot of my [relative] and treat her with respect and dignity". One person told us they had not liked a previous member of staff. Their relative had complained to the service and the staff member had been removed.

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the provider's aims and operational structure, the types of support available, quality assurance, staff recruitment and training and how to make a complaint. Emergency contact details for the service and contact details for CQC, the Health Ombudsman and the Local Government Ombudsman were also included. On the front of the guide it stated that the guide was available in braille and other languages. This helped to ensure that people had access to useful information in a format that met their needs and preferences.

The provider produced a monthly newsletter which was given to people being supported. We reviewed some previous newsletters and found they contained a variety of information, including updates about the service, information about staff and management, local services, stories about people being supported and facts about Polish life. This helped to keep people up to date with their local community and information about the provider.

People told us staff respected their right to privacy and dignity. One person commented, "They are kind and treat me with respect and dignity during all personal care tasks". The staff we spoke with gave us examples of how they respected people's right to privacy and dignity. They told us, "I close doors, blinds and curtains and cover people when I'm helping them wash" and "I respect people. I listen to them and ask if everything is ok". We noted a quote in one of the service's newsletters from a couple being supported. They said, "We appreciate the quiet time and privacy that our carers are able to give us, whilst being on hand around the clock to attend to any of our needs".

Staff understood the importance of encouraging people to be independent and could give examples of how they did this. One staff member commented, "I encourage people to do what they can, like brushing their teeth and washing and drying their face and hands". Another staff member said, "With the person I am supporting, we sort the medication together. I encourage their involvement".

People told us they were always introduced to new staff. Comments included, "Initially, the manager introduced me to the carer", "Yes, I'm always introduced to new staff. Every month I have a new carer" and "Yes, we're always introduced at the overlap of a new carer". One relative told us, "We are always there when new staff are introduced".

People told us their care needs had been discussed with them and they felt listened to. Staff told us they got

to know the people well that they supported in terms of their needs, risks and their preferences. They could give examples of how people liked to be supported. One staff member told us, "The person I support loves it when we sing and dance together".

We looked at how the service respected people's right to confidentiality. Information about data protection and keeping people's information confidential was contained in the service user guide and the staff handbook. People's care documentation at the service office was kept secure and was only accessible to authorised staff.

We looked at how the service promoted equality and diversity. The service user guide stated, "Our Care Workers and staff are sensitive and responsive to ethnicity, disability, age, gender, sexuality and spiritual beliefs". The staff handbook included information about people's rights and stated, "Each service user's individuality will be recognised and respected to ensure promotion and maintenance of the service user's dignity, privacy and self-worth". We noted that information about people's ethnicity, religion, gender and marital status was included in their care files. This helped to ensure that staff were aware people's diversity and how to meet their needs. The January 2018 newsletter included an article entitled 'Let's celebrate diversity!' which provided information about a variety of different religious and cultural celebrations, including Chinese New Year, Diwali, Eid-al-Fitr and Hanukkah. The article also mentioned a diversity day held at the service office, when people supported and staff had been invited to taste a range of diverse foods.

The service provided people with information leaflets about local advocacy services, which were kept in the care files in their home. Advocacy services can be used when people do not have family or friends to support them or if they want support and advice from someone other than staff, friends or family members. The registered manager told us that no-one they supported was receiving assistance from an advocacy service at the time of our inspection.

Good

Is the service responsive?

Our findings

People told us that the care they received reflected their needs and their preferences. One person commented, "They do everything I want". One relative told us, "The care plan is followed every day for my [relative]".

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with their care manager and they sought medical advice when appropriate. Staff told us they updated relatives about any changes in people's needs when it was appropriate to do so.

The people we spoke with told us they received 24 hour care from regular care staff and the staff we spoke with confirmed this to be the case. One staff member told us, "I usually support people for six weeks and then have a break for four weeks". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs.

The registered manager told us that the service tried to match the personalities and interests of people and staff when arranging support. For example, one person they supported had a background in machinery and the care worker supporting them at the time of our inspection had a similar interest. The PIR received before our inspection stated that the provider planned to introduce staff video profiles, to help people make a more informed choice about who supported them.

People told us that staff offered them choices and encouraged them to make decisions about their care. Comments included, "She [staff member] gives me choices every day" and "I am given choices daily". One relative told us, "My [relative] is given a choice for all tasks". Staff told us they encouraged people to make everyday decisions when people were able to. Comments included, "I support people to go out. It depends what the person wants to do, like walks or shopping", "I encourage people to choose things like their meals, clothes, nightdress" and "The person I support makes all their own decisions. They're very independent".

We looked at whether the provider was following the Accessible information Standard. The standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information in a format they can access and understand, and any communication support that they need. The quality assurance director told us the service was not currently supporting anyone with a communication need resulting from a disability, impairment or sensory loss. She told us the provider was aware of the Accessible Information Standard and it would be followed if the service was supporting anyone with a communication need in the future. We found that information and guidance about the standard was available for staff to refer to. We noted that the service user guide and the care services agreement used by the provider were both available in large print.

We looked at how the service supported people who were at the end of their life. The service had an end of

life care policy which included information about principles and priorities for end of life care, staff responsibilities and advance care planning. Advance care planning enables people to think about, discuss and record their wishes and decisions for future care and to plan for a time when they may not be able to make some decisions themselves. Records showed that all staff had completed training in end of life care and information about end of life care was included in the operational guide issued to staff when they joined the service. The registered manager had completed a five day course in end of life care training with the local hospice in 2017. She provided details of a local pilot the service was part of, to improve end of life care for people in the local area. She told us that the service was not currently supporting anyone with end of life care needs. She showed us the documentation that would be used if a person needed this type of support in the future.

We noted that the service used different types of technology to support people and staff. This included contact with people and staff by email and text, and emailing staff with information and updates. Staff rotas were created electronically and care documentation and information about staff training was also stored and updated electronically.

The service had a complaints policy which included timescales for an acknowledgement and a response. The contact details for CQC and the Local Government Ombudsman (LGO) were included. People can contact the LGO if they are not happy with the outcome of their complaint. Information about how to make a complaint about the service was also included in the service user guide and the provider's monthly newsletters. We reviewed the complaints log and found that seven complaints had been received in the previous 12 months. We found evidence that they had been investigated appropriately, responded to in line with the policy and an apology offered where this was felt to be appropriate.

People told us they knew how to make a complaint and would feel able to raise any concerns with staff or the registered manager. Comments included, "I have the telephone number of the manager", "I have never needed to complain", "I complained and straight away the manager came out and sorted it" and "I had a carer with a bad attitude and she was changed immediately".

We reviewed a log of compliments received by the service. Comments included, "We have been delighted with the service you have provided", "I should like to thank you for bringing [staff member] into our lives. She was very professional and knowledgeable but at the same time caring and empathetic towards [relative] and the family's needs" and "We have been pleased with [staff member]. She seems to know how to calm and reassure [relative]. They seem to get on well together".

Good

Is the service well-led?

Our findings

Everyone we spoke with was happy with how the service was being managed and felt the staff and registered manager were approachable. During the inspection we found the registered manager knowledgeable, approachable and helpful. She was able to provide us with the information we need quickly and easily. We observed positive working relationships between the registered manager, the quality assurance manager and other members of the provider management team.

People felt that staff understood their responsibilities. One person commented, "The carer does the job A ok". We found that staff were provided with detailed information clarifying their roles and responsibilities, including a job description, contract of employment, code of conduct, staff handbook and operational guide. Records showed that when staff began supporting a person for the first time, the registered manager completed a 'change over checklist' with them at the person's home. This addressed information about the person's care plans and risk assessments, including medicines, equipment and support with moving. The staff member was also reminded of processes and procedures relating to infection control, accidents and incidents and handling medical emergencies. Staff told us they were kept up to date with good practice through their induction, on-going training, updates from the provider and during change over meetings and reviews with the registered manager. One staff member told us, "We can ask our personal care manager any questions about our role?" This helped to ensure that staff were able to provide people with safe, effective care.

We looked at how the service sought the views of people being supported. The registered manager told us she visited people one week after their support began to review how things were going, then again after one month and then six monthly after that. She told us that she also asked people for feedback about the care provided during staff change overs and monthly staff reviews. This was confirmed in the records we reviewed.

The registered manager told us that satisfaction questionnaires were completed by people at the end of every period of support by a staff member. We reviewed some completed questionnaires and noted that people had reported a high level of satisfaction with the care and support they had received. We also reviewed the outcome of a customer feedback survey completed by the provider in March 2017. We found that a high level of satisfaction had been expressed about most aspects of the service. We saw evidence that action had been taken by the provider where concerns had been expressed or suggestions for improvement made. We also reviewed the results of a telephone survey completed in January 2018, when 11 people had provided feedback about the support they received. The level of satisfaction expressed about all aspects of the services was very high.

During the inspection we found evidence of the service working in partnership with a variety of agencies including paramedics, GPs, community nurses, dietitians, social workers, service commissioners and the local hospice. This helped to ensure that people's health and social care needs were met.

The staff we spoke with told us they enjoyed their jobs. Comments included, "I like it quite a lot", "I really like

my job. They are good to work for" and "It's a difficult job but I enjoy it. It's very flexible, I like that". One staff member told us they would like more free time but told us they understood this would be difficult due to the nature of the role.

Staff told us they felt well supported by the care managers in England and Poland and told us they could speak with them at any time. They told us, "My care manager visits me every month. They ask me if everything is ok and ask the person if everything is ok", "I think the management is very good actually" and "Promedica are very supportive".

Records showed that meetings took place regularly, which were attended by the registered manager, care managers and the quality assurance director. We reviewed the notes of recent meetings and found that issues addressed included complaints, safeguarding, accidents and incidents, CQC inspections, staff recruitment, health and safety, any issues with people being supported and the development and improvement of the service.

The staff we spoke with told us they were regularly asked for their views about the service. One staff member commented, "I'm asked for my views at monthly supervision and during every new contract". Another staff member told us, "They regularly check if I am ok. I get phone calls asking if the journey was ok, if the placement is ok, what my first impressions are and whether the description of the care needs is accurate". Staff told us they felt able to raise any concerns with their care manager and make suggestions for improvement.

The registered manager informed us that satisfaction questionnaires had also been completed by staff. We reviewed the results of recent questionnaires completed by staff and noted that staff had expressed a high level of satisfaction with most areas. We saw evidence that suggestions for improvement made by staff had been considered by the provider and responded to, including improved processes when staff change over was taking place and improved communication from care managers. The quality assurance manager told us that staff had recently completed another satisfaction survey but the results had not yet been analysed. She told us that any areas identified for improvement would be addressed.

Regular audits of the service were completed, including checks of Medication Administration Records (MARs), care plans and daily visit records. We found evidence that where shortfalls had been identified, action had been taken and the necessary improvements had been addressed with staff. Staff practice was observed regularly to ensure that staff were delivering safe and effective care. People's care documentation was reviewed as part of these observations to ensure that it was complete and up to date. Quarterly monitoring was also completed by the quality assurance director. Areas checked included policies and procedures, care documentation, health and safety, accidents and incidents, complaints, safeguarding, staff recruitment and training, equality and diversity and quality assurance processes. We saw evidence that where shortfalls had been identified, these were being addressed by the provider. We found that the audits and checks being completed were effective in ensuring that appropriate levels of care and safety were being maintained.

The quality assurance director advised that the provider was a member of the UKHCA (United Kingdom Homecare Association), a professional association of homecare providers from the independent, voluntary, and statutory sectors. She told us they received regular updates from the UKHCA which helped the provider keep up to date with good practice. She told us they also received regular updates from CQC and accessed the CQC website regularly to remain up to date with changes in regulation and good practice. The quality assurance director also attended a local forum of providers, for those in a quality assurance, governance or monitoring role, to share good practice and keep up to date with changes in legislation.

The quality assurance director told us that a number of improvements to the service were planned. These included more comprehensive audits, such as a more detailed check of medicines, and improved care documentation, with an increased focus on people's activities, hobbies and wellbeing. The Provider Information Return received prior to the inspection, also stated that the provider planned to introduce video profiles of staff so that people could make a more informed choice about who supported them, newsletters for care workers and linking up care workers who were supporting people in the same local area, to improve their health and wellbeing.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.