

Promises of Care Limited

Promises of Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Promises of Care is a domiciliary care agency providing personal care to adults with a range of support needs in their own homes. At the time of the inspection there were 19 people using the service.

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.

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

Based on our review of safe and well-led, we found people were not always protected from harm and staff did not consistently document all aspects of people's care. People were not always supported by consistent staff who effectively met their needs. The provider audits in place were not always effective in identifying missing information or areas for improvement. The provider did not ensure all staff shared a culture of achieving positive outcomes for people.

Staff received training in relation to infection, prevention and control considered essential for their role. Accident and incidents were recorded, and lessons learnt were shared with staff. Staff received regular competency checks to confirm they worked safely and in accordance with the provider's policies and procedures. People, their relatives and staff received opportunities to provide feedback and engage in the service. The provider worked in partnership with others to make changes to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 26 April 2021).

Why we inspected

We received concerns in relation to the monitoring of risks associated with people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. Following the inspection, the provider had taken some action to mitigate the risks. This included investigating the concerns raised and identifying changes made to minimise the risk of them happening again.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Promises of Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Promises of Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure the provider or registered manager would be in the office for the inspection.

Inspection activity started on 24 March 2022 and ended on 30 March 2022. We visited the office location on 24 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service, four relatives and one service user's friend. We spoke with six members of staff including the registered manager and health care workers.

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

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of harm or abuse.
- One person told us a member of staff had not arrived for their required morning call that day. They were left in bed, unable to reach their telephone and subsequently missed their time specific medicine, we made a safeguarding referral for this incident.
- The registered manager had identified the missed call and ensured a member of staff attended; however, this was following the time the medicine was required to be taken.
- We saw one person's daily records which evidenced missed calls, we raised this with the registered manager who told us the person had cancelled these calls. However, we spoke with the person's relative who told us the provider never produced four calls as detailed in their care plan. Other people we spoke with also confirmed they had experienced a number of missed calls.
- We also received information from external professionals who shared their concerns of several missed calls resulting in a deterioration in people's needs.
- People and their relatives confirmed people did not always feel safe with all staff. When people did not have regular staff or certain staff members, they confirmed they did not feel safe.

We found no evidence that people had been harmed however, systems had not been established to protect people from abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us they investigated the above safeguarding incident, and found a member of staff had not followed the on-call policy. Although the registered manager had identified the missed call, there was a delay in the person receiving their care. The registered manager informed the General Practitioner (GP) of the incident and sought advice. They shared the on-call policy with all staff and changed the time of their monitoring of morning calls, to ensure they can provide a replacement if the planned carer does not inform them of their unavailability to attend.

- Staff had received training to protect people from potential harm or abuse and staff we spoke with confirmed the process they would follow if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people were not always monitored effectively.
- We found people had risk assessments in place which provided staff with specific information on how to monitor any risks, however, staff did not consistently record care they provided. For example, when

supporting a person's catheter care, a catheter is a tube inserted into the body to empty the bladder, staff did not always document all aspects of the care provided, including the position of the bag or condition of the tube, as detailed in the person's risk assessment. This meant the provider could not be assured these checks were taking place, and any identified concern may not have been documented, this placed the person at potential risk of harm.

- We spoke to a visiting external professional who found a person's skin had deteriorated, the professional was concerned their skin was inflamed and broken. They felt staff had not identified this or raised it with a health professional. This could have caused further risks to the person's skin. The professional informed the General Practitioner (GP) who referred to the district nurse to review. When we raised this with the registered manager, they confirmed they were investigating this following being informed by the professional.
- Staff we spoke with confirmed their knowledge of monitoring people's risks, although we found they did not always accurately document the checks they made in relation to risks associated with people's care.
- Staff checked equipment they used to support people with their mobility needs to ensure it remained safe for people to use. People's care records detailed the dates equipment checks were required and guidance for staff to follow.

Staffing and recruitment

- Some people told us they did not always have consistent staff providing their care and they did not always stay for the duration of the call. This was also confirmed by some people's relatives. The registered manager informed us they did not use agency staff now and were trying to ensure people had consistent staff. One relative told us, "Over the last month the staff have become more consistent."
- People confirmed when they had regular staff, their needs were met, however some staff did not support them consistently as required. One relative told us, "With the regular staff, everything is an absolute dream, but 30 percent of the time we have inconsistent staff who don't complete everything, I am here though so I can do the things they don't."
- Safe recruitment checks were completed to ensure staff were suitable to work with people who used the service.

Using medicines safely

- We found one person's time specific medicines were not always managed effectively. This could have made the person unwell.
- People had medicine care plans in place which informed staff of required information including when required protocols.
- People's medicine administration charts were completed and included body maps to show where topical creams should be applied by staff.
- Staff were trained to support people with their medicines, and they had regular competency checks to help ensure they continued to follow safe medicine management.

Preventing and controlling infection

- People and their relatives told us staff wore Personal Protective Equipment (PPE) such as aprons and gloves during their calls. Staff told us they had access to PPE when required.
- Staff told us they received training in relation to infection, prevention and control, COVID-19 and in the use of personal protective equipment (PPE).
- Staff confirmed managers updated them with any changes and information on relevant COVID-19 Government guidance through emails and team meetings.

Learning lessons when things go wrong

- The registered manager kept a record of any accidents and incidents and completed investigations in

response to these where necessary. Meetings were held with staff to discuss any concerns and share any lessons learnt to reduce the risk of them happening again.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems in place to review and audit the service, however they were not always effective in identifying areas for improvement such as missing information within records staff completed.
- The audits in place had not identified the inconsistent documenting of people's care, for example what we found with catheter care.
- We received information from an external professional, who also raised concerns about staff not accurately recording all aspects of people's care or when care was offered and refused. People's daily records were audited monthly, however they had failed to identify this missing documentation.
- Some people told us they did not have a copy of their care plan. External professionals we spoke with also confirmed they had not had sight of people's care plans within their homes. The registered manager told us people received a copy of their care plan, however the systems in place had not identified and ensured everyone had this information available to them.
- We found people's care records were not always updated if there was a change in the person's need, for example when they received less or more calls as initially required. Following the site visit, we also received feedback from external agencies who felt staff did not always highlight or share information with relevant professionals when people refused elements of their required care, for example, their personal care.

We found no evidence that people had been harmed however, systems in place were not robust enough to effectively monitor the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider did investigate concerns raised, and told us they enrolled staff on training for documenting and reporting.

- The registered manager investigated and made changes following concerns received from the local authority about people's care. For example, we saw the minutes from a recent team meeting where the actions from a recent safeguarding were discussed, to ensure changes were made to the person's care.
- One relative also told us when they raised things the registered manager acted to put them right.
- Staff we spoke with confirmed they felt supported by the registered manager to carry out their role and support people safely and effectively.
- Staff were able to discuss their role through regular supervision meetings. One member of staff told us,

"The management are really supportive, and the staff work really well as a team."

- Staff had their practice reviewed through regular spot checks which included medicine competency checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 did not always ensure all staff shared a culture of achieving positive outcomes for people.
- Some people and their relatives described a positive culture when they had regular staff members supporting them, however they felt some staff did not stay for the duration of calls, complete all required care and they did not always communicate with them. This meant not all staff always provided people with good outcomes.
- During a recent survey all respondents shared they had contacted the provider due to the communication from staff. People we spoke with also told us they thought communication from staff could improve, for example if they were going to be late for the call.
- Staff, however told us, they shared information with people and staff. For example, if they were going to be late for a call, or if they had shared concerns with the GP. One staff member told us, "The management are really considerate to their staff and they are supportive."

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

- People and their relatives received surveys to complete about experiences of their care. We saw the results from a recent survey which had five responses submitted, all rated the service good and all confirmed they had contact with the manager who was approachable and professional. However, all respondents stated they had contacted the office about staff timekeeping and communication. The registered manager confirmed this is an area they are looking at.
- Staff we spoke with confirmed they attended regular team meetings where they were informed of updates of how to deliver their service any changes to a person's care. One staff member told us, "During team meetings we can ask management for support or listen to what other team members have done, we share knowledge and information." This supported staff to make changes and provide them with an opportunity to share information.
- The registered manager told us they had started completing weekly calls with people and their relatives to discuss their care and to identify if any improvements could be made. The registered manager made changes based on the information they received, for example with the time staff arrived for the call.

Working in partnership with others

- The provider was working with the local authority to make improvements to the service. They had recently self-suspended any new care packages to support them to meet the needs of the current people they supported. The registered manager felt they could not meet people's needs if they had increased packages with the current number of staff.
- The registered manager told us they regularly attended a support group with other providers, where they shared learning and different outcomes to make changes to people's experiences of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not always protected from harm and they did not always receive their time specific medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor the quality and safety of the service required improvement. Information was not always up-to-date, accurate or properly analysed.</p>