

Promises of Care Limited

Promises of Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Promises of Care is a domiciliary care service providing personal care and support to people living in their own homes. At the time of our inspection there were 31 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Some people experienced inconsistency in the timings of their support calls. People were supported by staff who knew how to identify and report concerns and there were systems in place to safeguard people from harm. Risks were assessed and managed safely and people received their medicines as prescribed. Staff follow guidance to reduce the risk of cross infection and PPE was available for their use. Staff had been safely recruited.

People's needs were assessed prior to them receiving care. Staff received training to ensure they were able to meet people's needs. People were supported to manage and maintain their health. 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.

People and relatives spoke positively about how they were treated by staff. People felt staff supported them with kindness and dignity.

People received care in line with their current needs. Any changes to people's needs were recorded in care plans and shared with staff to ensure people received responsive care. People's communication needs had been considered and staff were aware of how to support people's communication so they were able to express their views and experiences. People knew how to raise concerns and there was a complaints process in place which included learning from concerns and events.

People, relatives, and staff had been asked for their feedback about their experiences. The management

team then took action to address any concerns raised about people's care and support. Improvements had been made to the governance arrangements which meant management oversight had increased which had improved the quality of care people received. Staff and the management team worked in partnership with other agencies to ensure people's need were met.

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

Rating at last inspection

The last rating for this service was requires improvement (published 2 September 2022).

At our last inspection we recommended that the provider ensured that where people have a specific medical condition they seek training from a reputable provider and check the effectiveness of that training with their staff. At this inspection we found staff had now received training relating to people's medical needs and had the knowledge required to safely support people.

Why we inspected

This inspection was prompted by a review of the conditions applied to the provider's registration.

Follow up

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 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 ●

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

The inspection was conducted by 1 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service 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 3 October 2023 and ended on 18 October 2023. We visited the location's office on 16 October 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 5 relatives about their experience of the care provided. We spoke with 5 staff members, including 2 senior care workers. We also spoke with the deputy manager and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, these included 4 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 2 staff recruitment files.

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 requires improvement. At this inspection the rating has remained 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.

Staffing and recruitment

- We received mixed views about the consistency of call times and some people we spoke with told us they were not always sure what time staff would arrive to support them. One person told us, "The time varies. They come at 6.30 to 7.30 in the morning which is the time for [person's] tablets. The last visit there are no set times, I've seen the earliest is 5pm and the latest is 7pm, it depends on what has happened throughout the day for the carers."
- A number of people shared similar views, although they told us this had not impact their care. One person said, "Sometimes I do not know what time they will arrive, its ok it doesn't matter what time they come." People and relatives also told us there had been recent improvements in the timings of their calls. We discussed this with the registered manager who was already aware of the issue and had begun to take action to ensure people's call times were more consistent.
- People told us they received staff support according to their needs, where people required support from 2 carers, this was provided. People and relatives did not report any missed calls. One relative said, "No they have been good like that. On the odd occasion they have been late, they will give me a ring".
- Staff were safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider ensured that where people had a specific medical condition they should seek training from a reputable provider and check the effectiveness of that training with their staff. The provider had made improvements.

- Staff had completed training to equip them with the knowledge to support people's health needs. This included learning about diabetes, epilepsy, and the management of seizures. Members of the management team conducted checks to ensure staff were competent and had the skills and knowledge required to support people's safely.
- Risks to people's health and wellbeing had been assessed and information was available to staff to follow to reduce the risk of avoidable harm. Staff we spoke with were aware of people's risks and were able to tell us about the action they took to reduce the risk of harm. For example, applying cream to people's skin and offering repositioning to protect the integrity of people's skin.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the support provided was safe. One person commented, "I feel ok, they make sure of everything they do." A relative said, "Very safe, staff seem very competent and take good care of [person's name]."
- Staff knew how to escalate concerns for people's safety and were aware of the provider's safeguarding procedures. One staff member told us, "If the manager did not act then I know to contact the local authority, the police or CQC."
- There were systems in place which staff used to report incidents or accidents. These were then reviewed by the management team and action taken to reduce the risk of reoccurrence.

Using medicines safely

- People were supported to take their prescribed medicines. One relative told us, "They give medication in the morning and evenings. It's as prescribed by the doctor. They put it on the app, what medication has been given, we are confident that it is working well."
- The management had an auditing system for medicines which provided them with oversight of medicines administration. This system enabled them to identify any errors which reduced the risk of people not getting their prescribed medicines. Senior staff conducted competency checks on staff who administered medicines to ensure this was being done safely.

Preventing and controlling infection

- Staff followed infection control guidance by wearing Personal Protective Equipment (PPE) to protect people from the risk of cross infection. A relative told us, "When they [staff] come in, they put fresh gloves on and an apron and a face mask until they go".

Learning lessons when things go wrong

- Systems were in place to review incidents and ensure learning took place following events. Records relating to accidents and incidents reflected changes to people's care and support that had been made to reduce the risk of reoccurrence and keep people safe from harm.
- Staff told us any changes to people's care in response to incidents or accidents were communicated to them through team meetings or using the electronic recording system.

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 our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 prior to them receiving care and support. Assessments detailed the individual needs of each person and care plans were developed to offer guidance to staff about how to support people effectively.
- Assessments included information about people's preferred name, religion, interests and important relationships. Staff we spoke with shared a good understanding of people's personalities and preferences.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the skills of the staff who supported them. One relative commented, "They [staff] do have the right training. I'm very confident...they are doing the job properly."
- Improvements had been made the training provided for staff and staff told us they felt equipped to meet people's care and support needs.
- There was an induction process in place for new staff members who completed training before providing care. They then worked alongside experienced staff members, learning about people's care needs and professional working practices before working alone. Senior staff told us they assessed staff skills before signing them off to provide care to people.

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

- Some people received support with their meals. Staff told us they offered choices to people and supported them in selecting their preferred meals.
- Care plans provided guidance to staff about people's requirements and preferences in relation to food and drink. This included whether people had sugar in hot drinks as well as detailed guidance provided by Speech and Language Therapists (SALT) to safely support people who required a modified diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff were responsive to their healthcare needs. One relative said, "Staff have definitely contacted me if they have had concerns [person] is not feeling well. They have also contacted the district nurse if they had concerns about their skin."
- Staff we spoke with were aware of people's health needs and knew what action to take if they were concerned about a deterioration in a person's health.
- Care records reflected action staff and the management team had taken to maintain people's health. This included liaising with other healthcare professionals such as district nurses, GP's and pharmacists.

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 MCA 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 had received training in MCA and shared examples with us of how they sought consent from people before providing care.
- Where people lacked mental capacity to make specific decisions staff had followed the MCA. Assessments were completed to ensure any decisions made were done so lawfully and, in the person's, best interests.

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 our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 relatives told us they felt staff treated people well and were professional in their approach. One relative said, "Very safe because I've seen them making sure she gets up safely. When they come in, they knock the door, shout out, introduce themselves, it is reassuring. You can see they are asking her questions, engaging with her."
- Staff we spoke with knew people well and were able to explain what was important to people. Staff were aware of people's likes and dislikes as well as their preferences and shared examples of how they adapted their approach to suit each person.

Supporting people to express their views and be involved in making decisions about their care;
Respecting and promoting people's privacy, dignity and independence

- Feedback from people and relatives was positive about how staff respected people's dignity. One relative said, "They seem to look after her well. They do it respectfully from what I've seen."
- Care plans contained clear guidance for staff about how to promote people's independence and encourage them to do as much as possible for themselves. For example, choosing their own clothes and meals.
- Staff received training and were provided with guidance about how to respect people's dignity when providing personal care. Care plans prompted staff to close curtains before providing care and ensure people were covered with a towel while being washed.
- Relatives spoke positively about the way staff support their family members. One relative said, "They [staff] are so gentle and so careful. I'm astounded at what they do...they are so kind and gentle, and they help him every step of the way."

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Care plans contained personalised details about the care each person required. Some people and relatives told us care plans had recently been reviewed. The deputy manager told us they were in the process of reviewing people's care plans to ensure the care provided met their current needs.
- Where people's needs had changed the management team ensured information was communicated to staff to make sure they were aware and could provide appropriate care and support.
- One person records reflected they had asked for more time from the carers and upon review staff realised this was to meet social needs rather than for support with personal care. This was discussed with the person and suggestions made about how their needs could be met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs were recorded in their care plans. Staff we spoke with were able to tell us people's chosen way of communicating and knew how to present information in a way they understood.
- One person's care plan contained details about how they communicated using facial expressions and prompted staff to observe this to better support their communication.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who to contact if they were unhappy with the care they received.
- Some people told us they had not always been happy with the service provided but felt there had been improvements. One relative said, "Now I have over the last couple of months seen that things are improving. The carers are a lot more attentive, and I've had a review...It's still not perfect, but it's definitely a lot better than it was."
- There was a system in place to manage complaints and this was overseen by the registered manager. Each complaint was reviewed, responded to and any required actions taken. Following the resolution of the complaint the details were reviewed to check if any learning could be implemented.

End of life care and support

- At the time of the inspection the service was not supporting anyone who required end of life care.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- At the last inspection we identified concerns with the quality and accuracy of audits completed by the management team. At this inspection we found improvements had been made.
- Audits of people's care records had been completed and action taken when concerns were identified. Medicines administration records were also audited to ensure people received their medicines as prescribed and any errors or omissions were quickly identified and rectified.
- The registered manager was open about the history of the service and acknowledged they had been on a journey of improvement. The registered manager told us they had increased the management oversight of the service and this had enabled them to improve the quality of care people received.
- People and relatives now spoke more positively about the service although some people felt further improvements could be made with regard to the timings of calls. The registered manager told us they were working to increase the number of staff who were able to drive and this would further improve the timings of calls. Work was also being undertaken to streamline how calls were allocated to staff, to reduce travel time and ensure staff could provide care at the agreed times.
- Feedback about management responses was positive and people shared examples of how when they had raised concerns action had been taken to change or improve their care.
- The registered manager acknowledged that people's experiences had not always been good and told us they were working with the management team to drive further improvements.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, the management team had spoken with people and their relatives and explained what action they had taken to improve the quality of care people received.

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

- People and relatives had been asked for their feedback since the last inspection. We reviewed responses

from people who had completed questionnaires and found they contained positive feedback. One person had commented, "Your service is excellent, nothing is too much trouble for your staff. I am looked after very well by them. All very courteous and professional. Thank you for being flexible with your timings. I would recommend your services to my friends".

- Staff told us and records reflected they had the opportunity to share their views and feedback through staff meetings and 1 to 1 meetings with their line managers. One staff member said, "I meet with [name of deputy manager] they make it so you are not afraid to say what you think."

Working in partnership with others

- Staff and the management team worked alongside other agencies to ensure people's needs were met. This included GP's, community nursing teams and social workers.