

Promises of Care Limited

Promises of Care

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

About the service

Promises of Care is a Domiciliary Care Agency (DCA) providing younger and older adults, some of whom may have dementia, with a varying level of personal care needs. Staff provided care to people living in their own homes. At the time of inspection, the service was supporting four people. 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

Effective systems were not always used to ensure staff were recruited safely at the service.

We made a recommendation about the safe recruitment of staff.

People who use the service felt safe with the care staff. During the pandemic, where possible, regular care staff have been completing care calls.

Relatives told us they were confident that their relatives have been kept as safe as possible.

People told us that staff wore PPE (personal protective equipment) when coming into their homes.

Medicines were handled safely by the service.

Staff received supervision throughout the year in the office and had spot checks in the community.

There had been problems with staff being very late for calls in the past, but recently the provider employed staff from the local area and the lateness of care calls was no longer an issue.

People's care plans outlined their communication needs and advised staff how people liked to communicate.

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.

The registered manager effectively used quality assurance systems to ensure and evidence they had reviewed the service provision to identify any issues or trends.

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

Rating at last inspection

This service was registered with us on 24 June 2019 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and one 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.

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

Notice of inspection

This inspection was announced.

We gave the service notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used information sent to CQC to assist with our planning of the inspection.

During the inspection

We spoke with the registered manager. We looked at two people's care records and medicines records, records of accidents, incidents, and complaints received by the service. We looked at recruitment records, staff supervision, training matrix and safeguarding's.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits and policies and procedures. We spoke with two people, two relatives and two members of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the management team could not always evidence they had gained a full employment history of staff. The management team was informed regarding this on the day of inspection. They had a document for this in some staff files, but not all.

We recommend the provider consider current legislation related to the employment of people and update their practice accordingly.

- People told us they felt recently that calls times had improved and care staff were attending to them at the correct time. One person said, "I contacted the manager and told them that nothing was working with my care, they were always late. Once [registered manager] was aware of the situation they couldn't have been more helpful. Since then it cannot be faulted at all."
- There were sufficient staff to meet people's needs. Staff told us, "Here we do have enough time to complete care calls, and they give you time to drive to the next house."

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All safeguarding concerns had been recorded and where necessary, safeguarding's were investigated by the service.
- People told us that they felt safe when care staff came to their home. One person told us, "Yes I feel very safe with them all [care staff]. They are kind, caring."
- People were supported by care staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "Yes I've received safeguarding training. I would inform management, if I felt there was a safeguarding."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision.
- Risk management plans had guidance to ensure risk mitigation was in place so that people continued to receive safe and effective support.
- The service carried out an environment risk assessment of the person's home to ensure the person, and staff were safe while carrying out the regulated activity.
- Care files contained risk assessments for the use of equipment in people's homes, to ensure manual handling tasks were completed safely.

Using medicines safely

- People had their medicines managed safely.
- Where necessary, people had 'as required' PRN protocols in place.
- All staff received 'Medication training' and competency visits throughout the year.
- Medication administration records were audited on a monthly basis, which highlighted any errors and actions moving forward.

Preventing and controlling infection

- Relatives told us that staff would wear the appropriate personal protective equipment when coming into people's home. One relative told us, "During the pandemic they wear masks, gloves and aprons and they continue to do so."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- All accidents and incidents were recorded, and staff told us they knew the process of reporting an incident.
- The registered manager completed monthly audits that looked at accidents and incidents each month. They told us, "I carry out a review and put a plan in place to ensure that there is no repeat of the same incident."

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.

This is the first inspection for this newly registered service. This key question has been rated 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, planned and reviewed to ensure they received support that met their changing needs. For example, all care plans gave a summary of people's care needs on each call.
- People's risk assessments and care plans considered all aspects of their lives.
- People had a care plan overview and support outcomes which highlighted people's needs following assessment. For example, a risk assessment went into detail if people had specialised equipment in their home.

Staff support: induction, training, skills and experience

- The provider had an effective system to ensure that staff received appropriate training. All training the provider considered to be mandatory was up to date.
- Staff confirmed they received an induction and training.
- The registered manager told us that staff received supervision every three to six monthly, and live competency spot checks. They used a training matrix and task calendar to identify when training, supervision and appraisals were due.
- Staff confirmed they received supervision. One staff member told us, "I have supervision. They are very helpful to be honest. I can speak to management about any issues."

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

- People were supported to have a healthy diet.
- Staff told us that they would support people with their meals and drinks during care calls, to ensure people had a balanced diet.

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

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People were referred to various health professionals in good time to address any health or changing needs issues. There was evidence in one person's file where a referral and conversations had taken place with professionals, due to a change in a person's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's rights to make their own decisions, where possible, were protected.
- All staff stated they had received training and had an understanding of the MCA.
- Staff told us their understanding of MCA was, "Treat everybody the same. We have people who have dementia. We never force anything on them and are aware of service user's situations."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us about the professional and friendly support they received from Promises of care and the positive impact they have had on their lives.
- The service ensured people's cultural, religious and sexual needs were met with dignity and equality. All people were treated equally regardless of any differences or choices.
- Staff had a detailed understanding of people's needs and supported them. When we asked staff how well they knew people, they told us they had enough time to gain and understand the specific support needs people required.

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

- Care plans were developed with people, their relatives, where appropriate, relevant health and social care professionals and by the staff team who knew them well.
- People and relatives told us before care staff started personal care, they were asked to consent to the tasks they would be doing, by agreeing to their care plan needs.

Respecting and promoting people's privacy, dignity and independence

- Relatives felt that people had their dignity respected by care staff. Relatives told us, "[Relative] is treated with respect at all times by the carers I know that because when I am there, I listen to what is going on" and, "My [relatives] dignity is maintained at all times by keeping them covered while attending to their personal needs."
- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an important aspect of their lives.
- Private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans placed people's views and needs at the centre of their care, however some required further personalisation. For example, where people had a health condition, there was information in the file about the health condition, but not how the health condition affect them. The registered manager was informed of the and immediately put action into place to ensure people's care files were more personalised.
- Staff were knowledgeable about the needs, choices and preferences of the people they provided care and support to.
- The management team told us staff used an electronic mobile application to log into care calls. This allowed the registered manager to see when the visit had taken place. The management team told us the service had an emergency out of hours telephone number to support people 365 days a year.
- People's daily notes highlighted what had taken place during care call visits.

Meeting people's communication needs

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

- People's communication needs were clarified in their assessment and staff adapted their approach to ensure people with additional needs could access information required.
- All people's care files had a section that identified their communication needs. For example, one communication profile stated, "I have a good memory. I can communicate my needs very well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that the staff were engaging and chatted to them when offering support.
- The registered manager told us that they have helped people to stay in contact with their family members via the telephone. They said, "A [person] who had not seen their [relative] for a while. As [person] was not able to make phone calls on their own, carers were supporting them to make to phone calls to speak to [relative]."

Improving care quality in response to complaints or concerns

- The provider had received one formal complaint in the past 12 months. The registered manager investigated this appropriately and raised it to all necessary professional agencies.

- People and their relatives felt they could approach the registered manager or one of the staff if they had any issues. One relative told us, "I have not needed to raise any concerns, but I wouldn't hesitate to speak to the manager if I needed to and I have confidence they would do they could to sort the problem."
- The staff felt they could approach the registered manager with any concerns should they needed to, and it would be addressed promptly.

End of life care and support

- At the time of our inspection there was no one receiving end of life care. However, the registered manager told us, they'd use a palliative care plan should they have end of life packages of 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The registered manager completed a 'managers audit report' monthly that focused on the quality of the service. There were a range of audits which included safeguarding, complaints and PPE. However, these audits did not identify that staff did not have a full employment history. The registered manager told us they would ensure a full employment history was to be gained for all staff following feedback.
- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- The registered manager had a system in place to update people's care plans when people's needs changed.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- There were effective management systems in place to promote person-centred care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- Staff were positive regarding the support they received from the registered manager; all staff felt that they were approachable. One staff member told us, "I have raised issues with them, and I am happy with how they dealt with this."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.
- They told us, "As a manager, I ensure that we are always open and honest with their service users and representatives when things go wrong. This is done by raising safeguarding's to the local authority and submitting notifications to CQC."

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

- The registered manager had gained feedback from people and relatives through the pandemic via the telephone and feedback form. One relatives feedback form stated, "Very good carers. The family is very thankful for the service."
- People told us they have had a positive experience with the provider. They told us, "I would recommend the company if I was asked what I thought of it."

Working in partnership with others

- The registered manager team told us the service has close working relationships with social workers, occupational therapists and the local council. We saw evidence where the service had liaised with professionals during the inspection.