Promises of Care Limited

Promises of Care

Inspection report

7-9 Campbell Place
Stoke-on-trent
ST4 1NH

Tel: 03301331567
Website: www.promisesofcare.co.uk

Date of inspection visit:
25 October 2022

Date of publication:
06 February 2023

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 service providing personal care and support to people living in their own homes. At the time of our inspection there were 10 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
Governance processes failed to monitor safety and risks effectively to keep people safe from potential risk of harm. The provider had not learnt lessons from the previous inspection and had not safely monitored the care planning process, this placed people at continued risk of harm. Missing information within care records and the inconsistent documenting of people's care were identified during the last inspection, these concerns were found again during this inspection.

Risks to people were not always managed effectively to protect them from potential harm. Risk assessments did not always contain essential information to mitigate risks and identify safe ways of supporting people to reduce the risk of harm.

Medicines were not always monitored safely. Improvements were identified when administrating and monitoring time specific medicines and controlled drugs.

People and relatives told us the service had improved regarding staffing, time and duration of calls and communication. Staff told us the service had improved regarding support and leadership.

Staff received safeguarding training. Staff told us how they could recognise unsafe care practices and the action they would take to report poor practice.

Staff were recruited safely, the provider sought out references and carried out criminal record checks prior to their employment.

The provider used effective infection, prevention and control measures to keep people safe. The registered manager worked well in partnership with other health and social care organisations, to monitor people's health and improve their wellbeing.

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 requires improvement (published 10 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found insufficient improvement had been made and the provider remained in breach of

regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received about missed calls, the timings of calls, staff competency, medicines management and risk assessments. 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 not changed following this focused inspection and remains requires improvement, based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider took effective action to mitigate some of the risks during the inspection.

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 the way people's care and risks were recorded and monitored, and a continued breach in relation to the governance systems 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always 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 Health and Social Care Act 2008.

Inspection team
The inspection team consisted of two inspectors.

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
This 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 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 25 October and ended on 03 November 2022. We visited the location's office on 25 October and 02 November 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. 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
During the inspection, we spoke with 2 people who used the service, to ask about their experience of the care provided and 5 family members. We spoke with 7 members of staff, which included the registered manager, senior staff and care staff. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and previous submitted action plans.

Requires Improvement

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. The rating for this key question 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not always recorded, assessed or mitigated.
- Care plans were not always kept up-to-date and at times contained conflicting evidence. For example, two people required a soft diet, this meant they should only eat soft food and their drinks required thickening to reduce the chance of choking. The care plans contained incorrect details about food and drink. This placed people at increased risk from choking.
- Risk assessments were not always completed for people who required monitoring for safe skin care. For example, 3 people required regular skin monitoring. There was no risk assessment or monitoring system for staff to use to monitor and record their concerns. This placed people at increased risk of developing pressure sores.
- Emergency equipment was not clearly detailed in 1 person's care plan, or risk assessed. The person required an emergency device to alert them in the event of a fire. The care plan did not contain this information. We could not be confident staff were checking to make sure the device was in place. This placed people at an increased risk of harm from fire.
- Moving and handling risk assessments were completed to show staff how to support people to transfer safely. These were detailed and easy to follow. However, they did not always contain the relevant information. For example, one person required pressure relieving equipment in place. This was not included in the risk assessment. This increased the risk of harm because we could not be confident staff knew or checked it was in place.
- Medicines were not always managed and monitored safely. For example, one person required time specific medication. The Medication Administration Records (MAR) did not record the time the person received the medication. Therefore, we could not be confident they received their medication at the correct time.
- People's allergies to medication were not always identified. For example, one person was allergic to certain medications. However, the person's care plan identified the person as having no allergies. This placed people at risk of harm because staff may not be aware of this allergy and in an emergency, such as a hospital visit, this information may not be passed on.

The provider failed to demonstrate the effective management of safety and risk. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action to address the concerns raised during the inspection. We will review the success of the new systems in the next inspection.

● Staff received catheter care training. They identified people who used a catheter and told us about safe ways of supporting the person to manage their catheter. Risk assessments for catheter care were clear and detailed.
● All staff had received safe handling of medication training and told us they were confident to administer medication. One staff member said, "We have medication training and we receive spot checks. Spot checks are important share good practice and to check there are no mistakes."

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to establish systems 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.

Enough improvement had been made and the provider was no longer in breach of regulation 13.

● Systems were in place to keep people safe from harm and abuse. Local area safeguarding policies and internal policies were accessible to staff members. Staff told us where they were stored.
● Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member said, "We have a duty to report any concerns or poor practice straight away to the registered manager."
● Records showed all staff had received safeguarding training and systems were in place to identify when staff were next due to refresh their training.

Staffing and recruitment
● There were enough suitably qualified staff deployed to meet people needs. One person told us, "The staff stay for time they are supposed to. They [the staff] always check if I am okay before they leave. They [the staff] are kind and caring."
● Family members told us staff arrived mostly on time and informed people if they were going to be late. One relative said, "I find them [the staff] to be very efficient and generally on time. They [the staff] stay for the designated amount of time and ring me if they are running late."
● Records showed how staff generally arrived at the scheduled time and how they stayed for the agreed amount of time.
● Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Preventing and controlling infection
● We were assured that the provider was using PPE effectively and safely. One staff member told us, "I always wear a new mask, aprons and gloves at each call. It is essential these are changed and removed properly."
● People received care from staff who had completed infection prevention control training. We reviewed training records which clearly showed when their training was due to be refreshed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Accident and incident forms were completed and investigated by the registered manager. For example, we reviewed one incident where a person had fallen. A referral was made to the occupational therapist and additional resources obtained to assist the person and lower the risk of another fall.
● Staff members reported near misses in a timely manner. Near misses are events which occurred which did

not harm anyone, but they could have the potential to cause harm. For example, one person nearly slipped on a seat. This was reported and appropriate action was taken.

● Team meetings took place to raise concerns and share actions from incidents. One staff member told us, "If there was a problem or if there had been an incident the manager will message us and tell us what has happened and what we need to do. We would talk about it in a team meeting."

Requires Improvement

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. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we had concerns about the way in which the quality and safety of the service was being monitored which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and the provider remained in breach of regulation 17.

- The provider's governance systems when assessing and monitoring the quality of service provided to people was not always effective.
- Checks and audits were in place to monitor quality and safety. However, these were not effective in identifying the care planning concerns found during this inspection. Essential information was not found in care plans. This meant people were placed at risk of harm because care records did not contain essential information to mitigate risks to their health and wellbeing.
- Risk assessments were not regularly reviewed. For example, some skin monitoring and moving and handling risk assessments did not contain up to date information. This meant people were placed at risk of harm because the systems in place had not mitigated risks effectively.
- The quality auditing processes were insufficient when checking emergency response information was detailed in the care plan. For example, ensuring the fire emergency device was in place for one person with hearing loss. This placed the person at risk of harm in the event of an emergency.
- Medicines quality auditing processes were insufficient to ensure time specific medicines were always managed and administered safely. This increased the risk of harm from potential side effects if the person received their medication late or doses were administered too close together.

Systems were either not in place or robust enough to demonstrate effective management to ensure quality and manage risk. This was continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They took action and introduced new systems to mitigate the concerns identified. The success of these systems will be reviewed in the next inspection.

● Relatives told us the care provided by the staff met their family member's needs. Although, they raised concerns over care planning documentation being out of date with the current support required for their relative.
● Staff were able to describe people's care and support needs without having to refer to documentation.

Continuous learning and improving care
● The provider had not taken all the actions required to demonstrate people always received high quality, safe care and support. The continued breach of regulations demonstrated further improvements were needed. The registered manager explained they had focussed other areas of improvement such as staffing, call times and communication.
● Staff, people and relatives told us the service had improved in terms of leadership, time and duration of calls and communication. One person said, "It is much better now, I receive regular staff and I know when they are coming." A staff member told us the service had improved and they could call the registered manager for advice at any time.
● The provider had an action plan for the direction of the service which demonstrated areas for growth, staff development and to achieve improved outcomes for people. We will review the success of these in the next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People told us the care provided met their individual support requirements. One person said, "They [staff] are good. They [staff] know how to help me. I am happy with the care."
● Relatives told us the culture achieved good outcomes for people. One family member said, "I think the staff are well trained. They [staff] certainly seem to know what they are doing. They know [my family member] very well and [my family member] feels safe with them."
● Staff members spoke respectfully about people receiving support. They told us about people's individuality and preferences.

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 clear about their duty of candour. They told us it is their duty to be transparent and apologise for mistakes.
● One person told us how the registered manager had telephoned them to apologise because the call was going to be late due to the company vehicle breaking down in a flood. The call went ahead later in the day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were supported to provide feedback through questionnaires and weekly phone calls. We saw examples of questionnaires which had been returned. These gave positive feedback to the service.
● People and relatives told us they had a direct telephone number to call if they had any concerns. They said someone always answers or rings them back in a timely manner.
● Staff felt able to contribute to the service. We saw examples of staff members making suggestions regarding uniforms in team meetings. One staff member said, "We have regular team meetings and group meetings, we are asked our opinions and can make suggestions."

Working in partnership with others
● The registered manager was a member of a registered managers networking group. They told us this was

a useful forum to share resources and discuss best practice.
● People's care records reviewed confirmed collaboration with health and social care professionals, such as district nurses and the local authority. This supported people's physical health and wellbeing.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always identified, recorded and mitigated. Care documentation did not always contain the most current or factual information.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not been improved since the last inspection. This created a continued breach of 17. Quality audits were not robust enough to identify the concerns found during this inspection.

The enforcement action we took:

We set a date for the provider to become compliant with the regulation.