

Care Promise Limited

# Care Promise Limited

## 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: Care Promise Limited is a domiciliary care service offering support to people living in their own homes. At the time of our inspection there were 40 people using the service.

People's experience of using this service:

People received care and support from regular staff who were kind and caring. People's needs had been fully assessed before they received support from the service. Care plans held sufficient detail for staff to offer support that reflected people's individual needs and preferences. Care plans were reviewed regularly and updated as required. Staff understood the needs of the people they supported and had developed positive relationships.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision and team meetings.

Risks to people had been identified and staff had clear guidance available to them to support people and reduce the risk. People were protected from the risk of harm and abuse. Staff had received training and felt confident to raise any concerns they had.

Medicines were managed safely by trained and competent staff. Medication policies and best practice guidance was available to all staff. Medication administration records (MARs) were fully completed and audited regularly. Staff had undertaken infection control training and understood actions required to minimise the risk of infection being spread. They had access to personal protective equipment (PPE).

People's independence was promoted and their right to privacy and dignity respected. People and their relatives spoke positively about the staff and management team. People told us their views were regularly sought regarding all areas of the service. People felt confident to raise any concerns they had.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received.

Rating at last inspection: At the last inspection the service was rated Good (Report published August 2016)

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Care Promise Limited

## Detailed findings

### Background to this inspection

Service and service type: Care Promise Limited is a domiciliary care service providing support and personal care to people living in their own homes.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

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:

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required to send us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This information formed part of the inspection planning document.

During the inspection we visited two people and their relatives in their own homes. We spoke to four relatives by telephone. We spoke to the registered manager, two team leaders and two support workers.

We looked at three care files and a selection of medication administration records (MARs). We looked at other records that related to the monitoring of the service, four staff recruitment records, staff training records, staff meeting minutes and accident and incident records.

After the inspection the provider sent us some additional information that included up-to-date policies and procedures and additional evidence for consideration as part of the inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with safeguarding procedures and felt confident to raise any concerns they had. Staff told us they always had the local authority safeguarding telephone number with them.
- An up-to-date safeguarding and whistleblowing policy was in place and all staff had received regular training in this topic.
- People told us they had confidence in the staff that supported them. Comments included "They [staff] always make sure my windows are closed and the door is locked securely when they leave" and "Staff use the key safe but always knock and shout hello so that I know they are coming in."

Assessing risk, safety monitoring and management

- Risk assessments were in place that highlighted areas of risk and included guidance for staff to manage and reduce the level of risk. For instance, people had risk assessments in place for falls, self-neglect, infection and moving and handling.
- Risk assessments were reviewed regularly and promptly updated following any changes to a person's needs. Staff had access to the most up-to-date information in a timely manner.
- Staff had all undertaken moving and handling training and were competent in the use of equipment that included hoists.

Staffing and recruitment

- Recruitment procedures were safe. Pre employment checks were carried out before staff started work.
- Staff had developed positive relationships with the people they supported as they visited them regularly.
- Appropriate numbers of trained staff were in place to meet the needs of the people supported.
- Comments from people and their relatives included; "I have regular staff that visit morning and evening", "Care Promise have given me the continuity of staff I asked for" and "I receive a rota each week so I always know who is coming in case there are any changes. I know all the staff that visit."

Using medicines safely

- The procedures for the management of medication were safe. Staff received medication training and had their competency checked regularly.
- Staff had access to policies and procedures, as well as good practice guidance to support them when administering medicines.
- Medication administration records (MARs) were in place and had been fully completed. Regular checks were undertaken of the MARs to ensure people had received their medicines safely. Areas for development and improvement were identified and actioned.

#### Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection being spread.
- Personal protective equipment (PPE) was always available for staff to use. Staff understood the importance of hand washing to reduce the risk of germs being spread.
- Staff had access to an infection control policy and had received appropriate training.

#### Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred. The registered manager reviewed these and monitored them to identify areas where risks could be minimised.

# 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

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 fully assessed prior to them receiving a service. This ensured people's needs could be effectively met.
- People, relatives of their choice, as well as health and social care professionals (where appropriate) were fully involved in the assessment and planning of people's care.
- Care plans reflected people's personal choices, preferences, routines and included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- All staff had completed a full induction at the start of their employment and had undertaken training to meet the requirements of their role and people's needs.
- Staff received an appropriate level of support for their job role. Staff told us the manager was approachable and always available for advice and support.
- Comments from people and their relatives included; "Staff seem well trained" and "Staff are very well trained and do all I need them to." In the most recent survey completed by the provider, 94% of people said that staff had the right knowledge and training for their role.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- Staff had all undertaken regular training in nutrition and hydration, food hygiene and diabetes awareness. They told us this supported their understanding of meeting people's individual food and drink requirements.

Adapting service, design, decoration to meet people's needs

- People were supported to access specialist equipment and support aids as required.

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

- People and their relatives told us that staff accessed social and healthcare professionals for support appropriately as required. Their comments included "Staff call the GP to visit if they have any concerns" and "The girls (Staff) always let me know if they are worried about (Name). I find this reassuring."
- People had access to local advocacy services as required, to ensure their views were represented.

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 with appropriate legal authority. Applications to deprive people of their liberty within community services must be made through the Court of Protection (CoP). At the time of our inspection no one in receipt of support was subject to any restriction under the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised.
- Staff recognised the importance of seeking a person's consent before starting to provide any care or support. Consent was clearly documented within the care records.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, respect and compassion by staff. Their comments included; "All the staff that visit are kind and caring", "We cannot speak highly enough about all the staff" and "[Staff name] fills me with joy, so helpful and caring."
- People told us that staff had a good understanding of their needs, wishes and preferences, as well as likes and dislikes. Their comments included "All the girls [Staff] that visit understand my needs and how I like things done." A comment from a recent survey included, "The carers [Staff] are pleasant, friendly and use their initiative."
- Staff had completed training in equality and diversity and were able to describe the importance of treating people as equals.

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

- People told us they were involved in making decisions about their care and support. Reviews of the care people received were undertaken regularly. Comments included; "We are asked regularly if everything is okay and if anything needs changing to meet our needs."
- Staff understood how people communicated and used appropriate methods when communicating with them. Care plans reflected people's individual communication needs. Staff described the importance of ensuring a person's hearing aid were in place and working or ensuring their glasses were clean when worn.
- People and their relatives told us they felt confident to express their views and were given ample opportunity to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- Staff supported people to remain as independent as possible. Care plans reflected people's level of independence and how staff could support this.
- People's right to privacy and dignity was respected. Staff undertook people's personal care in private and described how they ensured curtains and doors were closed when supporting people.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed and held sufficient information and guidance for staff to be able to meet people's preferred needs.
- Care plans were regularly reviewed and updated in a timely way when a change had occurred to a person's needs or wishes.
- People received support from regular staff that knew their routines well.
- Staff completed a written record at each visit to overview the care and support provided. These records reflected how each person's needs had been met.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure in place. People told us they knew how to raise a concern and felt confident to do so with a member of the management team. Their comments included; "We feel confident to raise any concerns. We know they would be acted upon" and "I have no complaints whatsoever."
- Complaints were investigated and responded to in line with the provider's complaints policy.
- People were encouraged to share their views about the care they received through regular reviews and contact with the service. Quality surveys were sent to people annually to complete. Where any concerns had been raised the registered manager had visited the person to address any issues they had.

End of life care and support

- At the time of our inspection, nobody was being supported with end of life care.
- Staff understood the importance of providing end of life care that was tailored to each person's needs and wishes. Staff described how they would support people to have a comfortable, pain-free and dignified death.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The staff and registered manager showed a commitment to developing and providing person centred care and relationships by engaging with everyone using the service, relatives, staff and other stakeholders.
- People and their relatives spoke positively about the service. They were complimentary about the standard of care and support provided and described it as personalised.
- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people.

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

- The registered manager and staff understood their responsibilities for ensuring risks were identified and reduced. Risks to people's health, safety and wellbeing were managed through ongoing review.
- Staff performance, learning and development was monitored through observation and regular supervision.
- The registered manager knew their responsibility in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- Policies and procedures to promote safe and effective care to people were readily available at the service. These documents were regularly updated to ensure staff had access to best practice guidelines and up-to-date information for their role.
- The rating from the previous inspection was displayed at the service and on the provider's website as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were clear processes in place to obtain the views and opinions of people using the service, their relatives and staff. This information was used for development and improvement.
- Staff told us they felt supported by the management team and felt confident to raise any concerns they had within work or personally.

Continuous learning and improving care

- The registered manager and staff received regular training and support for their roles to ensure their practice remained up-to-date and safe.

- People's care plans, daily records and medicine administration records were reviewed regularly. Actions were taken when any areas for improvement were identified.
- There were systems in place to learn from incidents, accidents, concerns and complaints.