

Promises of Care Limited

Promises of Care

Inspection report

80 Darlington Street
Wolverhampton
West Midlands
WV1 4JD

Tel: 01902587099

Website: www.promisesofcare.co.uk

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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? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection was announced and took place on 6, 9 and 10 April 2018.

This service is a domiciliary care agency. It provides personal care to people living in their houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the agency was providing a service for five people.

The agency had a registered manager who was also the registered provider who was present on the day of our inspection visit. Throughout this report we have referred to them as the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At our previous inspection in January 2018, we found that the provider's governance was ineffective in promoting safe and effective care. At this inspection we observed the provider had taken significant action to review and improve their governance to ensure people received a better standard of care. Systems and practices were now consistent to ensure people and staff had a say in the running of the agency. The review of equality, diversity and human rights reduced the risk of discrimination to both people who used the service and the staff.

The provider had taken action to ensure people using the service were safe and staff were aware of their responsibility of safeguarding them from the risk of potential abuse. Risks to people were managed effectively and action was taken to reduce the risk of further accidents and incidents. People were cared for by sufficient numbers of staff who had been recruited safely. Where people required support to manage their prescribed medicines they were assisted by skilled staff. Systems and practices helped to reduce the risk of cross infection.

People and other professional's involvement in care assessments ensured their preference in relation to their care and support were identified and met accordingly.

People were cared for by skilled staff who had access to one to one [supervision] sessions to support them in their role. New staff were provided with an induction to ensure they were appropriately assisted to understand their role and responsibility. Where required people were supported to eat and drink sufficient

amounts to promote their health. People's consent to care and treatment was obtained by staff and where an individual lacked capacity to make a decision, staff explained what they intended to do before they assisted them. The provider worked with relevant healthcare professionals to ensure people's healthcare needs were met. The provider also offered a service to assist people to attend medical appointments if and when required.

People were supported by staff who were caring and understood the importance of preserving their right to privacy and dignity. People's involvement in their care planning ensured their specific needs were met the way they liked.

People were aware of how to make a complaint and could be confident their concerns would be listened to and acted on.

The provider informed us they were not currently providing end of life care for anyone.

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.

People were protected from the risk of potential abuse because staff were aware of their responsibility of safeguarding them. Risk to people was managed effectively to avoid potential harm to the individual. Staff's practices and access to personal protective equipment reduced the risk of cross infection. People were supported by skilled staff to take their prescribed medicines. Adequate numbers of staff who had been recruited safely were provided to meet people's care and support needs.

Is the service effective?

Good ●

The service was effective.

People's involvement in their care assessment ensured they received a service specific to their needs. People's consent for care and support was always obtained by staff. Where necessary the provider was able to support people to access relevant healthcare services to promote their health. Staff were aware of the support one person required to eat and drink sufficient amounts.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and attentive to their needs. People's involvement in their care planning ensured they received a service the way they liked. People's right to privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People could be assured their complaints would be listened to and acted on and where necessary the service would be changed to make improvements.

The assessment process with the inclusion of equality, diversity

and human rights ensured that people's specific needs were met.

At the time of this inspection no one using the service was receiving end of life care.

Is the service well-led?

The service was well-led.

Since the last inspection visit the provider had taken relevant action to improve their governance. Systems were now in place to review and monitor the quality of service provided. People and staff were given the opportunity to have a say in how the agency was run. The provider demonstrated a better emphasis on staff training and development to enhance the quality of the service provided. People and staff were aware of who the provider was and found them supportive.

Requires Improvement 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit. This was to ensure that the office would be open when we visited.

As part of our inspection we spoke with the local authority about information they held about the agency. We also looked at information we held about the provider to see if we had received any concerns or compliments about the agency. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the agency.

The Inspection activity started on 6 April 2018 and ended on 10 April 2018. It included telephone interviews with relatives of people who used the service and staff members. We visited the office location on 9 April 2018, to see the registered provider and to review care records and policies and procedures. The inspection team comprised of two inspectors.

At this inspection we spoke with three relatives of people who used the service. We spoke with two staff members and the registered provider. We looked at three care records, risk assessments and records relating to quality audits. We also looked at five staff files in relation to recruitment practices.

Is the service safe?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection this key question was rated 'Good.'

At our previous inspection in January 2018, we found practices did not safeguard people from the risk of potential abuse. At this inspection we found the provider had taken action to review their safeguarding procedures and to ensure staff were aware of their responsibility of safeguarding people from the risk of potential abuse. For example, the provider informed us of a recent incident where a person had sustained an injury whilst staff assisted them with their mobility. The provider had shared this information with the local authority to enable them to carry out further investigations if necessary. The provider had also addressed the incident with the staff responsible to establish lessons learnt and actions required to avoid this happening again. The provider informed us that staff were sent on further moving and handling training to ensure they had the skills to support people safely. This demonstrated that sufficient action had been taken to safeguard the person from this risk of further harm.

We spoke with a relative of a person who used the service, they told us, "I feel [Person] is safe in the care of staff." The provider informed us that during the review of people's care they asked if they felt safe with the service they receive and the people we spoke with confirmed this. The staff we spoke with had a good understanding about how to protect people from the risk of potential abuse. Staff were also aware of other agencies they could share their concerns of abuse with to safeguard people from the risk of further harm.

At our previous inspection people had raised concerns about the inappropriate use of personal protective equipment [PPE] such as disposal gloves and aprons that placed their relatives at risk of cross infection. At this inspection the provider informed us this had been addressed with staff. One person who used the service said, "Since the last inspection things have improved and I have no further concerns." Another person told us, "Since the last inspection staff wear shoe protectors so my floor doesn't get dirty anymore, I am really pleased with this." The staff we spoke with confirmed they had access to PPE. The appropriate use of PPE helps to reduce the risk of cross infection.

At our previous inspection accidents and incidents were not managed well to avoid a reoccurrence. At this inspection the provider had taken action to address this. For example, the provider told us about two people who had sustained an accident since the last inspection visit. We observed these accidents had been recorded. The records also showed action taken to reduce the risk of a recurrence. This meant people could be confident systems were in place to reduce the risk of further accidents to them.

People's risk was managed safely. One person told us about the necessary equipment required to support their relative with their mobility and to promote their independence. They confirmed their involvement in developing the risk assessment. We observed that care records contained information relating to essential equipment required. Information in care records also reminded staff of the importance of checking equipment before use. Staff confirmed they always carried out visual checks on equipment and any concerns would be shared with the provider for this to be addressed. The provider said the servicing date of

equipment was recorded in care plans and we observed this. This provided a reminder for when equipment needed to be serviced to ensure they were safe to use. We observed that medicines risk assessments were also in place. This looked at the support the individual needed to take their prescribed treatment and to ensure sufficient medicines were in stock. The provider said these risk assessments were reviewed every six months and we saw evidence of this.

Prior to this inspection visit we received concerns that staff who worked for the agency did not have legal status to work in England. The provider informed us that all safety checks had been carried out before people started working for the agency. We looked at five staff files and we were satisfied that the provider had carried out the appropriate checks. We also observed the undertaking of a Disclosure Barring Service [DBS] check. The DBS helps the provider to make safe recruitment decisions. We also saw references contained in staff files. This showed the provider had taken the relevant action to ensure the suitability of staff.

People told us there were always enough staff provided to meet their needs. One person told us their relative required two staff members to care for them and this number of staff were always provided. Another relative said, "[Person] needs two staff members to assist them with their personal care needs and two staff always arrive together, they are very rarely late." People confirmed they had not experienced any missed calls and staff stayed their allocated times. The provider said they were in the process of upgrading their system that alerted them when staff arrive and leave a person's home. This would allow them to take immediate action where it was identified that a visit had been missed.

We looked at how the provider supported people to take their prescribed medicines. Staff confirmed they had received medicine training to ensure they had the skills to assist people with their medicines safely. Since the last inspection visit the provider had taken action to ensure people had a medicines care plan in place. This plan provided staff with information about people's prescribed treatment. Staff informed us that a number of people had been prescribed medicated creams that they were responsible for applying. We saw information relating to these prescribed creams contained in people's care records. Medication administration records were also in place and signed and dated to show when these creams were applied. We observed that body maps were in place to show staff where to apply the cream. This meant people could be confident they would be supported to take their prescribed medicines safely.

Is the service effective?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection we found the provider had taken action to improve standards. We have rated this key question 'Good.'

At our previous inspection we highlighted concerns in relation to staff skills with regards to medicine practices, safeguarding, infection control and equality, diversity and human rights. At this inspection the provider informed us of arrangements for them and a senior member of staff to undertake further training in safeguarding which would be cascaded to the staff team. All the staff we spoke with confirmed they had undertaken medicines training and had carried out online training in relation to equality, diversity and human rights and infection control. We looked at staff records that provided evidence of the undertaking of this training. We asked the provider how they ensured the skills staff learnt were put into practice. They informed us that when staff had received training it would be discussed during staff's one to one [supervision] sessions and the staff we spoke with confirmed this. This enabled the provider to find out what staff had learned and how they would put their new skills into practice.

We looked at how the provider supported new staff into their role. The provider confirmed they had not recruited any new staff since the last inspection visit. Staff confirmed they were provided with an induction when they started to work for the agency. One staff member told us they did not have any previous care experience. They said, "My induction provided me with information about my role and what was expected of me." This showed that new staff were appropriately supported in their role.

People confirmed that prior to a service being offered to them an assessment of their support needs was carried out. Other relevant healthcare professionals also contributed in the assessment to provide a holistic view of the individual's needs and the level of support required to enable them to live in their home. People's involvement in their assessment ensured staff were aware of how and when they required support to maintain their independence.

The provider explained they now acknowledged the importance of equality, diversity and human rights [EDHR]. They gave us an example where a staff member had refused to purchase cigarettes for a person who used the service because it was against their religion to smoke or handle cigarettes. They said the staff recruitment application form would be reviewed and changed to include EDHR. This would identify staff's specific religion, beliefs and protective characteristics. This would assist in avoiding placing staff in situations that made them feel uncomfortable. We observed that care records included information about people's personal history. Staff told us this helped them to understand the individual and things important to them.

Discussions with the provider confirmed that one person within their care required support with eating a drinking. We observed this information was contained in the person's care plan. Staff also had access to information about how to reduce the risk of choking. We spoke with a staff member about this individual who told us the person required soft foods to prevent them choking and they needed to be supported to eat slowly. This showed that staff were aware of the support the person required to eat and drink.

The provider said people were generally supported by their relatives to access healthcare services and this was confirmed by the relatives we spoke with. However, the provider confirmed they liaised with other healthcare professionals. For example, GP's district nurses, memory team and occupational therapists, this was to ensure people's specific healthcare needs were met. The provider told us they had concerns about a person's swallowing reflex and the risk of choking. The provider had requested a referral to a speech and language therapist for the person's swallowing reflex to be assessed. This demonstrated that people were supposed to access relevant healthcare services when needed.

The provider informed us they liaised with other healthcare professionals to ensure people received person centred care. For example, due to one person's health condition staff always made themselves present when the GP visited them at home. This was to ensure they were fully aware of any changes to the person's healthcare needs or changes to their prescribed medicines. Further discussions with the provider confirmed they were able to offer a service to support people to attend medical appointments if and when required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Relatives confirmed that staff always obtained their relatives consent before they supported them with their care needs. The staff we spoke with said consent was always obtained. Where one person was unable to give consent they told us they always explained to them what they intend to do before they assisted them. Discussions with the provider and staff confirmed their understanding of MCA. The provider informed us that one person who used their service lacked capacity to make a decision about their care and treatment. The provider was aware of when a best interest decision may need to be considered to ensure the person received the necessary care and support.

Is the service caring?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection we found the provider had taken action to improve standards. We have rated this key question 'Good.'

People were cared for by staff who were kind and caring. A relative said, "[Person] loves the staff. The staff are like a part of my family." Another relative said, "The staff are good but there is one particular staff member who is wonderful and so thorough and [Person] really enjoys their company." A different relative told us, "The staff are friendly, they do look after [Person], they never rush them." They continued to say, "[Person] can't talk but they always look comfortable with staff." Staff told us they were aware of people's past history and things important to them. They said talking with people about their past made them feel valued.

We asked the provider about how they promoted person centred care. They told us they frequently asked people about their preference in relation to their care and support needs. The people we spoke with confirmed they were often asked if they were happy with the service they received. The provider said the introduction of the revised assessment form would also capture people's specific needs. This would enable them to match people with staff with the appropriate skills and experience. The provider confirmed they made every effort to provide a flexible service. For example, agreeing times of visits, to work around people's lifestyle. The provider explained how necessary arrangements could be made to provide a 'live in' service. For example, when a person's carer is unable to care for them for a certain period, a staff member would live with the person to provide the necessary support. This prevents the person being admitted into a care home for respite care when they wish to remain in their own home.

People confirmed their involvement in planning their care. One person told us about the care and support their relative required. We found the information they shared with us was also contained in the person's care plan. Staff confirmed they had access to care plans which supported their understanding about people's care and support needs. For example, one person was unable to talk with staff but staff knew they enjoyed listening to music and watching the television and this was identified in the care plan.

People's right to privacy and dignity was respected by staff. A relative informed us, "The staff always ensure the door is closed when they assist [Person] with their personal care." Staff were able to demonstrate how they ensured people's privacy and dignity were maintained. For example, one staff member told us they always encouraged people to do as much for themselves to maintain their independence and dignity. They said, "I always tell people what I intend to do and make sure they are covered up whilst I wash and dress them." Another staff member said, "I always make sure the door and curtains are closed before I assist people to have a wash." This showed care practices did ensure people's privacy and dignity.

Is the service responsive?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection we found the provider had taken action to improve standards. We have rated this key question 'Good.'

At our previous inspection we found that complaints were not managed effectively. At this inspection the provider had reviewed how complaints were managed. A relative described the provider as 'lovely' and said, "They always sort out any concerns I may have. I am happy with the care and would recommend the agency." The provider said they had received one complaint since their last inspection visit. We saw that a record had been maintained of this complaint, the provider had acknowledged the complaint in writing and recorded the action taken to resolve the person's concern. Discussions with the provider and the records showed the provider had reviewed the person's care plan and had contacted them a week later to see if they happy with the service received. This showed the complaint was listened to and acted on.

At our previous inspection the provider confirmed people's care and support needs were initially assessed by the local authority. The provider carried out their own assessment of people's needs and the people we spoke with confirmed their involvement. During our previous inspection visit we identified the provider had not explored equality, diversity and human rights [EDHR] during the assessment of people's needs. This meant they were unable to demonstrate that practices did not discriminate against people due to their disability, ethnicity, religion and other protected characteristics. At this inspection the provider informed us they were in the process of reviewing their care assessment form. We observed this form included details in relation to protected characteristics to ensure the individual's specific needs are identified and met. All the people we spoke with confirmed they were treated fairly and never discriminated against.

When this inspection was carried out the provider confirmed no one was receiving end of life care.

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Inadequate' in this key question. Therefore, the provider remained in special measures. At this inspection we observed systems and practices to improve the quality of the service had recently been implemented and as such we have not been able to assess the sustainability of these new systems. We will continue to review this service. We have rated this key question 'Requires Improvement.' The provider will be removed from special measures.

At our previous inspection the provider's governance was ineffective to ensure people received a safe and efficient service. The provider sent us an action plan to tell us what they intended to do to comply with Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had reviewed their governance and had made improvements to promote quality standards and to ensure care practices were safe. For example, the provider had reviewed their medication audit and we observed the implementation of this audit had identified some discrepancies with staff's practices. This enabled the provider to address these discrepancies immediately to promote safe practices. At our previous inspection we identified that prompt action had not been taken to reduce the risk of potential abuse. At this inspection we found the provider had taken action to address this. The provider was able to demonstrate action taken to reduce the risk of further harm to a person who had sustained an injury whilst receiving care. We observed evidence of the undertaking of moving and handling competency assessment to review and monitor staff's practices. They were also able to provide evidence of discussions held with staff with regards to lessons learnt and how to avoid a recurrence. The audits of care records ensured staff had access to up to date information relating to people's support and care needs. We found the information people shared with us was contained in their care records. This meant information was accurate and up to date.

To promote good care practices the provider informed us of processes carried out to ensure new skills learnt by staff were put into practice. These included discussions with staff to ensure their understanding. We saw evidence where additional support was provided to a staff member to improve their understanding and skills. The provider told us that spot checks were also carried out to observe staff's practices and this was confirmed by staff and people who used the service. We observed that routine competency assessments were also carried out in relation to safeguarding, medicine practices and the mental capacity act. These assessments ensured staff had the up to date skills to provide a good service. The provider had reviewed the management of complaints and records showed the service had been changed for one person to ensure their preference was met.

People were encouraged to have a say in the running of the agency. People confirmed they received regular telephone calls from the management team to ask about their views of the service they received and where improvements could be made. Two people told us the provider had shared a copy of the last CQC report with them and asked for their comments with regards to the findings. People told us that since the last inspection the quality of the service had improved. For example, one person said staff's work practices had

improved with regards to infection control and another person said they were pleased that staff were now provided with shoe protectors to protect their flooring. Another person told us that staff had a better understanding about how to support their relative to eat and drink safely. Staff told us the provider had also shared the last CQC report with them and discussed action required to improve the quality of the service.

The provider informed us that since the last inspection visit they had reviewed and changed the surveys given to people to complete. The people we spoke with confirmed they had recently received a survey and said they were pleased with the service they had received. These surveys gave people the opportunity to tell the provider about their experience of using the service. We looked at a couple of completed surveys and found the comments were positive.

The provider told us meetings were carried out with the staff team and the staff we spoke with confirmed this. One staff member told us that discussions in these meetings influenced better care practices and attitudes. For example, they told us people had raised concerns that staff did not always wear a uniform or have their ID badge when they visited them. The staff member said this had been discussed in a staff meeting and they had not received any further concerns. At our previous inspection we identified that staff did not always share complaints received from people who used the service with the provider. At this inspection records showed a meeting was carried out with the staff team in February 2018, where this had been addressed with staff.

The provider said since the last inspection they had explored introducing a 'pass system.' They informed us that this system would be more sophisticated to identify missed visits to people's home. This would enable them to take swift action to address this. This system would also include care records and enable the provider to update records and as soon as a person's care needs changed so staff have access to up to date information.

Discussions with the provider identified they had a clearer vision of how to develop and improve the service provided to people. They told us they had liaised with other provider's who had been rated 'Good' and 'Outstanding.' They said this had helped when reviewing the service provided and to identify where improvements were needed to provide a better service. The provider had a more proactive approach in ensuring staff's skills were used appropriately to ensure people received a good service. This was identified through the process of staff training and one to one [supervision] sessions.

The provider informed us of their future plans to recruit staff from different ethnic backgrounds and to have a mixed gender staff team. This would provide a mix of experiences and skills to provide a diverse service.

The provider informed us of their intention to undertake further training to enhance their skills to enable them to manage the service more efficiently. They had recently attended a workshop in relation to 'The Fundamental Standards for Healthcare Business.' The provider said this workshop gave them a better understanding of the principles of the key line of enquiry [KLOE]. KLOE is a tool we use when inspecting care services to make a judgement of a service's rating. The provider had a positive emphasis regarding staff training and development to improve the delivery of care. They said they would continue to obtain people's views in relation to the quality of service provided and the service would be adapted where necessary to ensure people's specific needs were met. Where necessary the provider would work with other professionals to provide a seamless service for the individual.

People told us the provider was approachable and often attended visits to assist with care and support. We asked staff about their views with regards to the management support provided to them. One staff member said, "The management support is very good, if you are struggling with anything they always help." This

demonstrated that the provider had taken action to ensure they were visible to people who use the service to enable them to share their experience of using the service.

Discussions with the provider confirmed their awareness of when to send us a statutory notification which they are required by law.