

Promises of Care Limited

Promises of Care

Inspection report

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14 May 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Promises of Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Promises of Care provides a service to older people, people living with dementia, people living with physical disabilities, adults with learning disabilities and people living with sensory impairments. At the time of the inspection, 20 people were using the service for personal care.

People's experience of using this service:

People were not always supported by a sufficient number of staff to ensure calls were on time and they received care they needed safely. Assessments and care plans were not always reviewed as people's needs changed. People's dignity was not always respected. People were not always provided with personalised care. Complaints and concerns were not addressed consistently. Audits were in place but did not always monitor the service effectively.

Medicines were administered safely. Systems were in place to protect people from abuse and staff understood them. Risk was managed and reviewed to ensure people were kept safe.

People were supported by staff who were appropriately trained and had the skills to provide effective support. People were supported to access health professionals when needed.

People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who promoted their independence.

People's end of life wishes were considered when needed.

People and staff told us they found the management team approachable. The management team worked with other professionals and sought ways to improve the quality of the service.

The service met the characteristics of Requires Improvement in all areas; more information is in the full report.

Rating at last inspection: At the last inspection, the service was rated Good (last inspection report published on 11th May 2018).

Enforcement: A breach of regulation was identified during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Follow up: We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

For more details, please see the full report which is on the CQC website at 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. 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 team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Promises of Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Promises of Care provides a service to older people, people living with dementia, people living with physical disabilities, adults with learning disabilities and people living with sensory impairments. At the time of the inspection, twenty people were using the service for personal care.

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 48 hours' notice of the inspection visit because it is small and the manager is sometimes out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 9th May 2019 and ended on 14th May 2019. We visited the office location on 10th May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

As part of the inspection, we reviewed the information we held about the service, including notifications. We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

During the inspection, we spoke with three people who used the service and three relatives. We did this to gain people's views about the care and to check standards of care were being met. We also spoke with the registered manager and five care staff.

We reviewed the care records of six people. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People and their relatives told us they did not think there were enough staff to meet people's needs safely. A person told us, "The carers are late every day, they just have so many calls to do." Another person told us, "The carers stay the full time in the morning but never stay the full time on the other calls, I feel rushed because they've got other calls to go to."
- We checked call logs to see whether carers were staying for the duration of the call but were unable to confirm this as only the arrival time was recorded on most call logs we saw. The registered manager told us they had recently introduced an electronic record management system, and this would resolve this issue as staff were required to log in when they arrived at calls and log out when they left the call. We will check the effectiveness of this at the next inspection.
- People's care calls were not always planned appropriately to ensure staff had time to provide the care people needed and maintain their safety. We looked at the care run schedule and some calls were scheduled to finish at the same time as the next call started which meant staff were not always able to support people for the full time allocated and ensure they were at the next call on time.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. We saw that Disclosure and Barring Service (DBS) checks were undertaken and checks were made to ensure staff had the right to work in the UK prior to them commencing employment.

Using medicines safely

- People's medicines were administered safely.
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Staff were trained to ensure they were competent in medicine administration and action was taken to retrain them in medicine administration competencies if any medication administration errors occurred.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives mostly told us they felt safe. A relative told us, "[Person's name] feels very safe with the carers and has built up a good relationship with them."
- Staff had undertaken safeguarding training and understood how to recognise the signs and symptoms of potential abuse and how to report and record their concerns. A staff member told us, "If I observed physical, verbal, financial and emotional abuse, I would report it to my manager. I would then do an incident form and record any injuries and my manager would decide which agencies we needed to contact."
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.

- Safeguarding referrals were made and CQC notifications were submitted where required.

Assessing risk, safety monitoring and management

- Where risks were identified, risk assessments were put in place and were followed to minimise risks to people. For example, we saw risk assessments were in place to guide staff how to support people with hoist transfers. Staff understood these risk assessments and were able to tell us how to support people to transfer safely.
- Systems were in place to monitor accidents and incidents. This information was collated on a monthly spreadsheet to identify any trends and suitable action was taken to reduce future risk.

Preventing and controlling infection;

- People were protected from the risk of infection and cross contamination.
- People and their relatives told us staff wore gloves and aprons when supporting them with personal care. A relative told us, "Staff always wear gloves and aprons and there are always plenty."
- Staff understood infection control procedures. A staff member told us, "We make sure we wear gloves and aprons, effective hand washing and dispose of used pads properly."

Learning lessons when things go wrong;

- Lessons were learnt when things went wrong. For example, where a complaint was made about a staff member, the registered manager held a supervision with the staff member immediately. They also shared this incident with staff and ensured action was taken to prevent further reoccurrence.

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

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments and care plans were not always reviewed as people's needs changed. For example, we saw that the times and lengths of people's care calls were not always the same on their personalised care plan as what was recorded on the daily call run list. This meant we could not be sure that people were receiving calls of the allocated duration to meet their current care needs.
- People's diverse needs and protected characteristics were not fully considered within assessments, in line with the requirements of the Equality Act 2010. The registered manager told us they did not support anyone with any diverse needs, but the assessment documentation did not always make it clear that this had been considered during the assessment.
- People's needs and choices were assessed. Pre-assessment of needs was undertaken prior to people receiving support with personal care.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective support. A staff member told us "They (the provider) always make sure we have appropriate training."
- Training records were in place which identified training that had been undertaken by staff and any gaps in learning. We saw training was up to date and the registered manager told us that gaps were due to people awaiting their certification to confirm they had completed the training.

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

- People were supported with eating and drinking where they needed it in line with their care plans.
- People were supported by staff to choose what meals and drinks they would like. A staff member told us, "The person will usually tell us what food they want, we will cook whatever they choose. If someone says the doctor has said they must eat certain foods, this can be arranged."

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

- Timely referrals were made to involve other agencies in people's care where needed and staff worked closely with other agencies to provide effective care to people. For example, we saw professional contact logs which recorded where the registered manager had spoken with a social worker, advocate, district nurse, voluntary organisation and an occupational therapist to seek appropriate support for one person to meet their needs.
- People were supported to access healthcare services and support. A staff member told us, "If someone needed to see a health professional, I would call the office and see if I needed to call a doctor or a nurse."

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.
- We checked whether the service was working within the principles of the MCA.
- The registered manager told us they did not currently support anyone who lacked capacity but showed us appropriate documentation they would use if a mental capacity assessment was required.
- Staff understood the principles of the MCA and knew how this applied to supporting people.
- Staff asked people for their consent before they supported them.

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

Requires Improvement: □ People did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's dignity was not always respected. A person told us when staff were late for their morning call, they sometimes soiled the bed which made them feel undignified.
- People were supported to express their views and staff encouraged people to make decisions about their care. People's choices were respected.
- People were supported to access advocacy if needed. For example, when a person required the support of their advocate, the registered manager contacted them on their behalf and arranged for the advocate to visit the person.
- Most people confirmed when staff supported them they were respectful. A relative told us, "My relative is treated with respect at all times and when the staff are helping them to wash, they cover them with a towel and always draw the curtains in the bedroom."
- People were encouraged to be independent and their care plans reflected what they were able to do for themselves. A relative told us, "[Person's name] is encouraged to be as independent as possible."

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff. A person told us, "The majority of staff are very caring." A relative told us, "Most of the carers are lovely, I know it's not their fault if they're late, they just have so many calls to do." A staff member told us, "People are human beings. We need time to deal with them with respect and show we are there for them, not just to do the care package and leave."
- Staff understood people's communication needs. A staff member told us, "[Person's name] likes us to be patient when we talk with them, we need to slow down so they can understand what we are saying."

Is the service responsive?

Our findings

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

Requires Improvement: □ People's needs were not always met.

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

- People and their relatives had been involved in developing their support plans, which identified their preferences and guided staff on how people would like to be supported. However, people told us care was not always provided in line with their preferences as calls were often rushed.
- For example, staff did not always have time to support people with personal care in their preferred way. One person told us they preferred to have a shower but they hadn't had one for ten days as staff only had time to support with a wash.
- Another person told us, "I wish the carers had more time to chat as some days they are the only people I see so it would be lovely if they could stay the full time."

Improving care quality in response to complaints or concerns

- People's complaints and concerns were not always addressed consistently to improve the quality of care provided.
- A complaints policy was in place and we saw where some complaints had been made, they had been clearly recorded, investigated and a detailed letter had been sent to the complainant confirming the outcome. Complaints records showed that action was taken when needed to address these recorded complaints.
- However, people gave us examples of concerns they had raised with the manager on the telephone which had not been documented in the complaints file and appropriate action had not been taken to resolve the concern. One person told us, "When I ring the office, the manager at the time shows concern but when I have gone I think they are so busy it doesn't always get done."

End of life care and support

- The registered manager told us they were not currently supporting anyone who required end of life care.
- People's end of life care wishes had been discussed with them and we saw advanced care documentation that detailed how they would like to be supported at that time of their life.
- The registered manager told us they were currently attending a training course regarding how to manage end of life care in the home.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Some audit systems were in place, but they did not always monitor the service effectively.
- Systems in place to address medicine errors were not always robust enough to identify recording errors. For example, the provider told us body maps were in place to show where topical medicines should be administered. We checked this and saw the administration of topical creams had not always been recorded on the body map, but the medicine audit had not identified this.
- Call log audits repeatedly identified that staff were often only recording one time on each visit but action had not been taken to address this. We spoke with the registered manager about this who confirmed this was the case. We saw evidence that the registered manager had raised this with staff but no improvements were made to recording and this had not been followed up. This meant the provider could not determine how long staff were at a call and whether the time allocated to the call was sufficient to meet people's needs.
- Care plan audits were not undertaken which meant the provider could not be assured that people's assessments and care plans were up to date.
- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager was aware of their legal responsibilities such as making notifications and submitting a PIR to CQC. Appropriate notifications and a PIR had been submitted when required.

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

- Person centred care was planned for and promoted but systems in place were not effective to ensure this was received by people in practice. For example, care plans were personalised, but staff were often late and calls were cut short which meant that people were not always supported in a personalised way.
- This demonstrates the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff felt supported and listened to and had the opportunity to raise concerns.
- People and staff told us the management team were approachable and they were confident that any concerns they raised would be addressed. A staff member told us, "The manager is very approachable. I go to her if I need anything and they give me guidance."
- The values of the service promoted people's independence. Staff told us the management tried to

encourage them to enable people to do more.

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

- People were encouraged to express their views about the service. We saw client feedback forms had been received and people told us the registered manager phoned them to see if they were happy with the service they were receiving.
- Staff had staff meetings and supervisions which they told us enabled them to put forward their views.

Continuous learning and improving care

- The registered manager told us they had attended training about how to improve services and had joined social media forums to share experiences with other services.
- The registered manager told us they had attended care shows where they had looked at various electronic record management systems and had now implemented their preferred choice.
- Staff told us they had attended specific training to ensure they could meet people's specific needs. For example, a staff member told us when they were supporting a person who had difficulty with swallowing, they attended dysphagia training.

Working in partnership with others

- The provider worked in partnership with other professionals to ensure people had their care needs met effectively. Professional contact logs showed that the provider regularly contacted health, social care and other professionals on people's behalf if required.

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 17 HSCA RA Regulations 2014 Good governance Systems were in place to check the quality of the service but these were not always effective and actions were not always taken to address any concerns identified.