

Promises of Care Limited

Promises of Care

Inspection report

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15 July 2022

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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 13 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

Systems were in place to check the quality of the service, but they were not always effective. Medicine audit and daily logbook audit documentation was thorough but was not always completed accurately to ensure recording errors were identified. Staff knowledge regarding a specific medical condition was inconsistent.

Clear documentation was in place to guide staff how to meet people's needs. Documentation was in place to enable staff to manage risk to people. People and their relatives told us they felt safe and staff understood how to keep people safe. People and relatives told us the registered manager was approachable and took action to resolve issues where needed. Staff told us they were well supported by the registered manager and were listened to and encouraged to discuss their views regarding the service. The provider had been proactive in making improvements to the quality of the service people received.

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 16 June 2021). 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 3 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well Led which contain those requirements.

The inspection was also prompted in part due to concerns received about compliance with conditions, concerns around staffing, missed and late care calls, medicines management and staff not following care plans and risk assessments. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

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.

Recommendations

We have made a recommendation that the provider implements training and undertakes staff competency checks around a specific medical condition.

Follow up

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?

The service was not always safe.

Details are in our safe 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. 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 three 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 12 July and ended on 15 July 2022. We visited the location's office on 12 July 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

We spoke with the registered manager, the deputy manager and four care assistants. We also spoke with four people who received support from the service and five relatives.

We reviewed a range of records. This included five people's care records and four people's medication records. We looked at two 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.

Following the site visit, we also requested further documentation including training documents, specific care plans, policies and action plans submitted.

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

At our last inspection, the provider had failed to ensure people's needs and risks were comprehensively assessed and recorded accurately. Guidance was not in place for staff to follow to keep people safe and people were left at risk of harm. This was a breach of regulation 12(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 12.

- Thorough risk assessments were in place to guide staff how to manage risk to people for most identified risks. However, one person was prescribed a medicine that was highly flammable. There was no specific risk assessment in place for this but risks were documented and clearly visible in guidance that accompanied the medicine, so this did not place people at risk of harm. The registered manager immediately implemented a risk assessment to provide further guidance to staff regarding how to manage this specific risk.
- One relative told us that staff did not seem to have sufficient knowledge of their family member's needs related to a particular medical condition. We checked their risk assessment and care plan and found clear guidance was in place to guide staff how to manage the condition along with support from the person's family. However, when we spoke with staff, their knowledge was inconsistent.

We recommend the provider ensures that where people have a specific medical condition they seek training from a reputable provider and check the effectiveness of that training with their staff.

- Medicine administration records (MARs) showed some medicines had been administered at a different time to when they were prescribed. We checked the daily logs which showed they had been administered at the prescribed time. Medicines had been administered to people safely but administration had not always been recorded accurately.
- People were supported with the application of topical creams and body maps were completed where needed.
- Clear risk assessments were in place to manage people's mobility needs and documentation was consistent to ensure people's mobility needs were met. People were supported by staff who understood how to meet their mobility needs safely. One relative told us, "The [carers] hoist my relative, and yes I'm sure they do feel safe – they get them in and out of bed no worries, I've not been concerned about anything".
- Catheter care plans and risk assessments had been put in place to guide staff how to meet people's needs

and manage risks to them where needed.

Staffing and recruitment

- People and relatives told us staff never left their home until their personal care needs had been met although they sometimes seemed rushed.
- People were supported by sufficient staff to meet their needs. People did not report missed calls and told us the provider would contact them if they were going to be late.
- People were supported by staff who were recruited safely. Staff did not commence work until references and Disclosure and Barring Service (DBS) checks were complete. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff had received updated training following the last inspection and regular spot checks were undertaken to check staff competency. Feedback was given to staff regarding any learning points when needed.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep them safe. Staff were aware of the signs of abuse and understood how to raise safeguarding concerns.
- Systems were in place to record accidents and incidents but analysis of records showed there had not been any accidents or incidents since the last inspection. The registered manager told us this was accurate.
- The provider had clear safeguarding policies in place and staff had completed safeguarding training.

Preventing and controlling infection

- People were supported by staff who were trained in infection prevention and control and who understood how to reduce the risk of cross infection.
- People were supported by staff who wore Personal Protective Equipment (PPE) in line with current guidance. One staff member told us, "We have to do LFT tests once a week. During Covid, we had to wear full PPE now we have to wear masks for general care and use aprons and gloves for personal care."

Learning lessons when things go wrong

- The provider was proactive in investigating and taking action when something went wrong.
- People and relatives told us that where things had gone wrong, action was taken by the registered manager. One relative told us, "When I've called up to speak to the managers - they've sorted things and have been lovely about things."

We could not improve the rating for Safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 as inadequate. At this inspection the rating has changed to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to ensure the systems in place to check the quality of the service were effective and actions were not always taken to address any concerns identified. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider is no longer in breach of regulation 17.

- Systems were in place to check the quality of the service. Where actions were identified in audits, they were addressed. However, we found where responsibility for audits had been delegated by the registered manager to some senior staff, audits were completed but errors were not always identified. For example, some logbook audits had failed to identify where staff had not documented the time they left the care call and signed the log book. The registered manager told us they would immediately implement additional checks to ensure audits were being completed effectively.
- Medicines audits in place were comprehensive but were not always completed accurately. For example, one person's medicines were prescribed to be taken at night, but their MAR chart recorded they had been administered in the morning. We checked the person's daily log book which showed medicines had been administered as prescribed at night. However, the medicines audit had failed to identify this recording error and where MAR chart start dates had not been entered.
- The provider had reviewed risk assessment and care plan documentation and significant improvements had been made since the last inspection. Systems had been implemented to ensure that documentation was consistent and accurate. Comprehensive guidance was in place for staff to ensure they knew how to meet people's needs effectively.
- People and relatives told us the service was well led and the registered manager was proactive in improving the service to meet people's needs.
- The registered manager encouraged an ethos at the service that was person centred and focused on achieving positive outcomes for people. The registered manager told us they had chosen not to take on any new care packages, to ensure that the improvements they had made since the last inspection could be embedded and people they supported received consistent care.

- Staff felt respected and supported by the registered manager. One staff member told us, "I feel supported. The registered manager rings up and checks to see if I'm OK."
- The registered manager welcomed feedback and acted on it to improve the service.
- The provider had taken account of feedback provided by commissioners and had worked alongside them to improve the quality of the service they provided to people. Local commissioners told us there had been sustained improvements regarding the quality of care that people supported by the service received.
- The registered manager understood their role and responsibilities. Regular action plans had been submitted since the last inspection.

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 understood the duty of candour. Where things went wrong, the provider was open and honest and took action to address what went wrong. For example, where staff were running late to calls, they were encouraged to contact the person to explain and to advise when they would be arriving.

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

- Staff were given the opportunity to engage with service improvements through one to one meetings with their manager and team meetings. One staff member told us, "We get supervisions and meetings and we talk through any problems we might have with packages or anything else we need to do."
- Staff told us they felt listened to. One staff member told us, "We do raise issues, we get listened to and they do change things."
- Staff told us they attended virtual team meetings where they were given the opportunity to make suggestions and discuss the service.
- Relatives told us they were asked for feedback regarding the quality of the service. One relative told us, "They send out questionnaires for us to fill in but the registered manager tends to call to check if everything is OK."