

Care Promise Limited

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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

This inspection took place on the 28 July 2016 and was announced. At our previous inspection in 2013 we had no concerns in the areas we inspected.

Care Promise Limited provides personal care to people in their own homes. At the time of the inspection there were 57 people using the service.

There was a registered manager in post. 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.

People were protected from abuse and the risk of abuse as staff knew what constituted abuse and who they should report it to if they thought someone had been abused.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks. There were sufficient numbers of suitably trained staff to keep people safe. They had been employed using safe recruitment procedures.

People's medicines were administered safely by trained staff who had been assessed as competent.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA ensured that people consented to their care, treatment and support or were supported to consent with their representatives if they lacked capacity.

People received care that was personalised and met their individual needs and preferences. The provider had a complaints procedure and people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink sufficient amounts to maintain a healthy lifestyle dependent on their specific needs.

When people became unwell staff responded and sought the appropriate support. The provider worked with other health care agencies to meet people's needs.

People told us that staff were kind and caring. Staff felt supported and motivated to fulfil their role. They knew how to whistle blow and felt assured their concerns would be taken seriously.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

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 safe. People were safeguarded from abuse as staff knew what to do if they thought someone had suffered abuse.

People's risks were assessed and minimised through the safe, effective use of risk assessments.

There were enough suitably trained staff to keep people safe.

People's medicines were managed safely by medication trained staff.

Good ●

Is the service effective?

The service was effective. People received care that was effective delivered by staff who were supported and trained to fulfil their role.

People consented to or were supported to consent to their care and support.

People were encouraged to eat and drink sufficient amounts to remain healthy.

People's health care needs were met when they became unwell or their needs changed.

Good ●

Is the service caring?

The service was caring. People were treated with dignity and respect.

People were supported to express their views on the service.

People's privacy and dignity was maintained.

Good ●

Is the service responsive?

The service was responsive. People received personalised care that met their individual needs.

Good ●

Complaints were managed, responded to and acted upon.

Is the service well-led?

The service was well led. The registered manager promoted an open, positive culture.

The registered manager supported staff to train and grow in their roles.

There were systems in place to monitor the quality of service being provided.

Good ●

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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 was 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.

This inspection took place on 28 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to facilitate the inspection.

This inspection was undertaken by 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.

We looked at information we hold on the service including last inspection reports and notifications the provider is required send us.

We spoke with 14 people who used the service and six relatives. We spoke with the registered manager, training manager, two team leaders and two care staff.

We looked at two people's care records, three staff recruitment files and the systems the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe with the care they received. One person told us how difficult it was for them to get in and out of the bath. They told us: "The staff make me very safe particularly with the technical things like bath time. I have to sit by the bath on a chair then transfer to a seat in the bath. There is a critical moment when I stand and could fall and I rely on the carer to guide me". We saw that people had clear and comprehensive risk assessments which detailed how to keep people safe when performing certain tasks such as moving and handling. Staff we spoke with knew people's risks and had received training in how to support people safely. One staff member told us: "If someone needs two staff to support them with their hoist, there will always be two staff on the call".

People were safeguarded from abuse and the risk of abuse as staff we spoke with knew what signs to look for if a person had been abused. One staff member told us: "I once thought a friend of someone I care for was giving them too much medicine so I reported it, it could have been abuse". Staff we spoke with knew what to do if they suspected abuse had taken place. They all told us they would report it to a manager or the local safeguarding authority. We saw that the phone number for the safeguarding authority was on all the staff timesheets as a reminder of who to contact. The registered manager had responded and reported suspected abuse in the past following the correct safeguarding procedures.

People told us that the staff usually turned up on time and if they were going to be late they would be contacted. No one we spoke with told us that they had a missed call where staff had not turned up and people said they were not rushed. One person said: "The staff make sure I am steady with my frame before we walk anywhere. They never rush me". Staff we spoke with told us they had enough time in between calls to be able to reach people in time. One member of staff told us: "Occasionally if there is a crash on the motorway it slows the traffic down through the town but we contact the person or the office and let people know we are on our way".

The registered manager was actively recruiting for new staff and was carrying out pre-employment checks prior to employing people. Pre-employment checks would include the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. We saw three staff recruitment files and saw that these staff had been employed using safe recruitment procedures which included obtaining references from previous employers and ensuring there was a DBS check completed prior to allowing them to work with people.

People were supported to have their medicines safely. One person told us: "The staff make sure I have taken my tablets. They will pop them out of the packet for me and put them onto a plate or dish so I can get them. They then sign to say I've had them". Staff told us and we saw they had completed training in the safe administration of medicines and there were on-going competency checks carried out by senior staff throughout the year.

Is the service effective?

Our findings

People consented to or were supported to consent to their care. We saw where able to people had signed their own care plan and contract agreeing to the service. Some people were supported by their relatives to consent to their agreed plan of care. One person told us: "The staff always ask if I am ready to do things before they start". Staff we spoke with understood the Mental Capacity Act 2005 and how to support people to agree before carrying out any planned care. One staff member told us: "I always ask before I start any task, I will say 'Is it ok for me to help you'". 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 told us they felt that staff were well trained and effective in their role. One person told us: "I would say they are well trained. If you asked me if I could find any fault I would say I don't think I can". Another person said: "I wear a leg brace which can be an issue sometimes getting it on right the first time. There is a lot to remember but my regular carers know exactly what to do". Staff told us and we saw records confirmed that staff attended regular training applicable to their role. New staff spent time shadowing more experienced staff until deemed competent to work alone. One person told us: "The staff sometimes bring a new person with them; I think they are learning the ropes".

People were supported to maintain a healthy diet. Staff told us that they offered people choices of what they would like to eat. One person said: "I do things back to front so they will ask what I want for lunch and make me a sandwich or something and I have my main meal at tea time. They always check what I fancy". People's food and fluid intake was monitored on daily records. One member of staff told us how some people needed encouragement to eat and drink. They said: "I offer choices and then sometimes just leave the room a little while and they will eat something and I will praise them when they have eaten some".

The registered manager worked with other agencies to ensure people's health care needs were met. We saw from records that the staff contacted the relevant health care agencies when they required support. Two staff members gave us examples of when they had to seek medical help when the person they were caring for had become unwell. One staff member told us: "I could tell the person was not well, so I rang the relative and we called the paramedics. I stayed with them until they arrived and was admitted into hospital".

Is the service caring?

Our findings

Everyone we spoke with told us that staff members were respectful and caring. One person told us: "The staff are like members of the family. They know where everything is. We've become friends over the time we have a laugh". Another person said: "We are on the same wavelength, there's a sort of mutual respect". And another person said: "I am over the moon with the service. They are lovely caring lasses mostly young but lovely to chat with".

People spoke about how staff took time to talk to them. A person's relative said: "The staff are very considerate to both me and my relative. They have a little chat whilst they are here and always ask if there is anything else they can do before they leave". Another person told us: "The staff can pick up on my mood. Sometimes I like to off load and they sit and listen, other times I don't want to chat much and they seem to know. I think they really understand me".

People told us that the staff always informed them when they were entering the house. One person said: "The staff always shout 'hello' when they are coming in". Staff we spoke with all described how they would maintain a person's dignity and respected their privacy when supporting them with personal care. One staff member told us: "I make sure doors are shut and curtains closed if necessary. A towel is useful to keep people covered up and maintain their dignity". One person who used the service confirmed that staff maintained their dignity, they said: "The staff wrap a towel around me to keep me warm after my shower".

People were asked their views of the service they received at regular reviews with a member of the management team. Relatives we spoke to told us they too had been involved alongside the person requiring the care to set up the care plan and had signed to agree to it. Another relative said: "Communications are very good. If there are any problems they will let me know straight away".

People were encouraged to be as independent as they were able to be. One person told us: "The staff are very patient with me. It takes a long time for me to get up and dressed but they don't push me they let me do as much as I can for myself".

Is the service responsive?

Our findings

Prior to offering people a service a full assessment of people's needs was undertaken to ensure that the service could safely meet their needs. People themselves and their representatives were involved in the assessment process. One person told us: "We all sat down at the beginning to agree what help I needed and I signed a contract". A relative confirmed that they too had been involved in the planning of the care package.

People received personalised care that met their individual needs. People told us that the staff and management responded when they required a change to their planned care. A relative told us: "We have just increased my relative's care package. I did this over the phone with the care manager. It was all very easy". When people's needs had changed we saw that the staff reported it to the management and the management responded accordingly. We saw records and staff told us that one person's needs had changed in relation to their mobility. Staff were experiencing difficulty in moving the person safely. We saw that an occupational therapist had been contacted for support and advice. With the involvement of the person and their relatives, specialist equipment was purchased to support the person to mobilise safely. This meant that this person was able to remain in their own home and receive care.

Care plans and risk assessments were clear and comprehensive and regularly reviewed to ensure they contained the most up to date relevant information within them. The care plans listed people's likes, dislikes and a record of their history to help the staff better understand the person. We saw that when people's needs had changed this was reflected in the person's care plans. Staff we spoke with told us they always checked people's care plans before providing people with their care. One staff member told us: "I always have a quick read just in case something has changed but to be honest we are always informed by the management as soon as any changes are made".

People told us they knew how and who to complain to if they were unhappy with their care. A relative said: "I do know who the manager is but if I need anything I speak to the office staff they are very good at sorting things out". Another relative said: "I have needed to speak to the manager about things in the past and they have dealt with problems very efficiently and given an apology". We saw records that confirmed that the registered manager followed a formal complaints procedure when people complained about an element of their care and responded appropriately.

Is the service well-led?

Our findings

People who used the service were positive about the service, management and staff. One person said: ""I would definitely recommend them. I am very happy with service". Another person said: "I've been using them a long time. We have set up a good relationship". There was a positive culture within the staff we spoke with; they demonstrated respect and empathy for the people they cared for. Staff we spoke with knew the whistleblowing procedure and told us that if they had any concerns they were confident that the registered manager would respond quickly to get things done to protect people.

There was a registered manager in post who was supported by two team leaders and a training manager. All the staff we spoke with told us they felt that the manager and senior staff were approachable and supportive. One staff member told us: "The manager is brilliant, if there is anything worrying me I will just ask if she's got a minute and she will make time".

Staff received regular training, support and supervision. There were regular staff meetings for staff to contribute to ideas to improve the way the service was run. We saw that 'spot checks' were regularly carried out by the management team to ensure that staff were competent in their role. One new member of staff told us: "I shadowed more experienced member of staff first and have had several spot checks to ensure that I'm doing ok". Another member of staff told us: "I'm new to the senior team and the registered manager is spending time with me showing me how to do things".

The registered manager sent out annual surveys to people who used the service. We saw that the information from these was collated and analysed. Most of the feedback received had been positive, however any minor concerns raised had been discussed with staff in staff meetings to ensure they were rectified.

Records were audited regularly. This included people's daily records and medication records. A senior member of staff told us: "If there are any gaps or problems in the records, they are always followed up, that's what I like about working here it's so proactive".