

Care Promise Limited

# Care Promise Limited

## Inspection report

St Bernard's House  
23 Broad Street  
Stafford  
Staffordshire  
ST16 2DE

Tel: 01785227792

Date of inspection visit:

24 August 2021

03 September 2021

06 September 2021

08 September 2021

Date of publication:

07 October 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Care Promise Limited is a domiciliary care agency providing personal care to adults with a range of support needs in their own homes. At the time of the inspection they were supporting 51 people.

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

People were protected by staff who continued to receive training to recognise and report on potential harm or abuse. Accident and incidents were recorded and monitored with any actions identified. People's risks continued to be assessed and monitored and staff were aware of people's individual risks.

People were supported by regular staff who continued to be safely recruited. People continued to receive their medicines safely. Staff received training on preventing infection, COVID-19 and in the use of personal protective equipment.

People continued to have their needs and preferences assessed and identified in line with guidance. Staff received training to support and meet people's individual needs. People were supported to eat and drink and to maintain a balanced diet. Staff continued to work with health and social professionals and people had access to healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported and treated well by staff. People were involved in their care and included in any decisions made. Staff respected and promoted people's privacy, dignity and independence, and people confirmed how caring and compassionate staff were.

People continued to receive personalised care which met their needs and preferences. People's communication needs were assessed and identified, and the provider was aware of the Accessible Information Standard (AIS). People were supported to develop and maintain relationships, and staff spent time speaking with people on topics which were of an interest to them. People and relatives knew how to complain even though they had no concerns.

Managers and staff continued to share a positive culture which was open and honest and promoted good outcomes for people. People were supported by staff and managers who understood their roles and responsibilities. People and staff were engaged and involved in the service. The provider completed regular

audits to make improvements to people's care.

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

Rating at last inspection

The last rating for this service was good (published 24 April 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Care Promise Limited

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by an inspector and a medicine inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 August 2021 and ended on 8 September 2021. We visited the office location on 24 August 2021.

#### 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.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, senior care workers, team leaders and care workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff continued to receive training to recognise and report any potential risk of harm or abuse.
- People and their relatives confirmed they were safe when staff supported them. One relative told us, "We feel safe, they [staff] are nice people to have in the house." Another told us, "They [the provider] are my lifeline, literally."
- Staff confirmed the process they followed to report any concerns they had to ensure people were protected from harm.
- Any safeguarding concerns were clearly documented with relevant professional involvement.
- The provider continued to have systems in place to record and monitor any accidents and incidents and any actions taken were documented. There had been no recent accidents or incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- People still had risk assessments in place which provided staff with specific information on how to monitor people's risks. These included risks associated with mobility, eating, drinking and COVID-19.
- Staff were aware of people's individual risks and how to monitor them. One person told us, "They [staff] are very good, walking is my problem, they are aware, they are very good."
- Staff documented in people's records where any concerns were escalated and who to. For example, where a person's mobility deteriorated staff contacted the general practitioner (GP) and occupational therapist (OT).

Staffing and recruitment

- The provider continued to complete safe recruitment checks to ensure staff were suitable to work with people who used the service.
- People's relatives confirmed they had consistent staff who arrived on time and stayed for the duration of the call. One relative told us, "It's the same staff unless they are on holiday, staff go above and beyond."

Using medicines safely

- People's medicines continued to be managed safely. People confirmed they received their medicines as detailed in their care plan and medicines administration records indicated people received their medicines as prescribed.
- People had medication risk assessments in place and when required protocols. People's visit schedules were person centred and described in detail the support they needed with their medicines.
- Staff administering medicines completed safe management of medicines training. Staff were also

observed at least every six months to ensure they were competent to follow safe administration practices.

- The medicines management policies reflected current national guidance and best practice set out in the NICE guidance for managing medicines in the community.

#### Preventing and controlling infection

- People's relatives confirmed staff wore personal protective equipment (PPE) when delivering care.
- Staff received training in relation to COVID-19, preventing and controlling infection and in the use of PPE. Staff also confirmed they had continuous access to PPE.
- Staff confirmed they were informed of any changes or updates in relation to COVID-19 guidance and practice. One relative told us, "They [staff] continue to uphold a professional approach to it all around COVID-19."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs continued to be assessed and reviewed to form their care plan. People's care plans also detailed their choices.
- People and their relatives were involved in their care plans, which detailed staff and relative input in their loved one's care.
- People's care plans documented their likes and dislikes, social and medical history and their religion. Any professional involvement was also recorded.

Staff support: induction, training, skills and experience

- Staff continued to receive a full induction and training to effectively meet people's needs.
- People and their relatives confirmed staff knew how to support people and meet their individual needs. One relative told us, "[Person's name] is happy, that is the main thing, and they get the level of care they need."
- Staff confirmed they had the training, knowledge and support to care for people who used the service. One staff member told us, "I have the right training and support, if I am not 100 percent sure I will call the office to get more information."

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

- People continued to be supported to eat and drink to have a healthy diet where applicable. One relative told us, "They [staff] encourage [person's name] to have a hot meal, otherwise they would just eat sandwiches, staff give them choice with different meals."
- People's food and drink intake was monitored where required, and staff escalated any concerns they had.
- Staff received training on nutrition and hydration to support them to meet people's individual needs and preferences.

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

- Staff continued to work with health and social care professionals as and when required to meet people's needs.
- Staff confirmed they made referrals and had regular communication with different professionals, including general practitioner's (GP's), district nurses and OT's.
- People and relatives were updated if staff had any concerns or made any referrals. One relative told us, "They [staff] will phone to inform me of anything."

- People had access to healthcare appointments, and staff supported them when required, or changed call times to suit community appointments. One relative told us, "They [staff] help if we have an early appointment and have to use patient transport, they come a little earlier."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff continued to receive training on the MCA and delivering care in line with guidance.
- People and relatives confirmed staff gained their consent before delivering care. One relative told us, "They [staff] introduce themselves and ask for consent, they talk to [person's name] about what is going on." People's care records also detailed where consent had been gained.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us they were supported and treated well by staff. They were all very complimentary of staff and told us how caring and compassionate staff were. One person told us, "They [staff] are all very caring." A relative told us, "The staff go above and beyond, they are very caring and excellent at their job."
- Staff confirmed they supported and respected people's needs. One staff member told us, "I just want the best for every service user, I try to do my best to look after them."
- Staff continued to receive training on equality, diversity and inclusion and documented any diverse needs in people's care plans.

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

- People and relatives continued to be involved in decisions about their care. One relative told us, "They [staff] listen to [relative's name], who still makes their own decisions, we don't want to take too much away from them."
- People were given the opportunity to provide input in their care, one relative told us, "[Staff name] is always asking for feedback, we have regular communication."

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed staff always respected their privacy and dignity and promoted their independence.
- People's care records detailed a weekly clothing change chart, to ensure staff promoted people's dignity and independence. One relative told us, "They [staff] tidy away after they have been in the bathroom, and they always make sure [person's name] is dressed well."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans continued to detail specific information and guidance for staff to follow to meet their needs and preferences. One relative told us, "The care planning is impeccable, they [staff] are just so personal."
- Staff recorded the care and support they provided following each call, this included how people's individual needs were met.
- People confirmed they had regular staff who knew their routines. Some people told us of their preferences, who they had built positive relationships with. One relative told us, "[Person's name] is happy and they have a good connection with staff."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and where required their care plans documented any identified support. Staff were informed of how to ensure people's communication needs were effectively met.
- The provider was aware of the AIS and told us information could be accessed in different formats where required. Information of the AIS was detailed in people's handbooks, which was provided to them as part of their care package.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives confirmed staff engaged with them during calls. Staff spent time with them discussing things of interest to them.
- One relative told us, "[Staff name] goes above and beyond, they sit together and natter." Another relative told us, "Staff sit and chat with [person's name] about their family."
- Staff also confirmed the interactions they had with people who used the service. One staff member told us, "One person loves music, we encourage them to put the radio on and I have a sing in the morning with them."

Improving care quality in response to complaints or concerns

- People and relatives confirmed they knew how to raise a concern, although they had no complaints to

make. One relative told us, "I have no concerns, I would say excellent really, very good."

- The provider kept a record of all complaints or concerns raised, and actions taken in response to them to improve people's experiences of care.

#### End of life care and support

- At the time of the inspection no one was receiving end of life care.
- The provider shared the support and actions they would take when caring for those receiving end of life care. This included seeking specialist advice and making relevant referrals to meet people's end of life wishes.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Managers and staff continued to share a positive culture, which was person centred and promoted good outcomes for people.
- Staff sought guidance and support when required to ensure any concerns with people were followed up. They communicated regularly with office staff and managers as well as with people and their relatives to share information and updates.
- One member of staff told us, "We [staff] are encouraged to be open, honest and share and have good communication with people's families."
- One relative told us, "If they [staff] have any concerns they will share them with me, they are very quick to share concerns, all the boxes are ticked for us."

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

- Managers and staff continued to understand their roles and responsibilities. Any risks to people's welfare were assessed and monitored.
- Staff were complimentary of the management and confirmed they worked well as a team. One staff member told us, "I feel supported by the carers, office staff and the registered manager."
- The provider displayed the previous inspection rating in the office and on their website, in line with requirements. They also notified us of any significant events which took place within the service.

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

- People and staff were encouraged to share their experiences of the service. The provider sent annual surveys for people and their relatives to complete. Quality assurance checks were also completed regularly. One person's recent quality assurance check included their input, "[Person's name] says they are very pleased with the support they receive from Care Promise, all the staff look after them very well."
- Staff attended regular team meetings where they had the opportunity to share any ideas or suggestions to improve the care people receive. One staff member told us, "We are always asked for our input, definitely."

Continuous learning and improving care

- The provider completed regular audits to identify areas for improvements and make changes to people's

experiences of care. Audits included care plans, daily records and medicine audits. For example, regular audits of the medicines administration records identified an open culture of reporting inaccuracies, this ensured people received their medicines as prescribed.

- Staff confirmed any updates or changes were shared with them in order to make improvements to the service and people's care.

#### Working in partnership with others

● The registered manager received guidance and information from the district nurses around pressure care. The information guided staff on signs of deterioration and examples of what to look out for.

- The provider worked with an external organisation for their policies and procedures. The provider was notified by the company when any updates were made. Staff were then requested to read the updated information.