

Promise Care Services Ltd

Unit 11

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Unit 11 is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to people in their own homes. 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.

The service was supporting 15 people with personal care at the time of the inspection.

People's experience of using this service

Risks assessments were not always robust to ensure people received safe care. Medicines were not being managed safely. Care plans did not include people's preferences with personal care to ensure they received person centred care. Communication plans were not in place to ensure staff communicated with people effectively.

Robust audit arrangements were not in place to ensure shortfalls could be identified and prompt action taken.

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

Staff were aware of how to safeguard people from abuse. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with people. Systems were in place to ensure staff attended calls on time.

Staff had been trained to perform their roles effectively. Staff supervisions were regular to ensure staff were being supported at all times.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

Systems were in place to ensure feedback was received from people on their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was Good, published on 6 December 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service is now Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Unit 11 on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified breaches in relation to need for safe care and treatment, person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Unit 11

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 was carried out 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 25 August 2023 and ended on 4 September 2023. We visited the location's office on 25 August 2023.

What we did before the inspection

We reviewed the Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we already held about the service. This included their last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

We spoke with the registered manager and the care manager. We reviewed documents and records related to people's care and the management of the service, which included 5 people's care plans and medicine records.

We reviewed 5 staff files, which included pre-employment checks. We looked at other documents such as quality assurance and training records.

We spoke to 4 people who used the service and 8 relatives of people who used the service on the telephone to receive their feedback about the service. We also spoke to 4 staff members on the telephone to check if they knew about the people they supported.



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 Requires Improvement. At this inspection, this key question has remained the same. 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

At our last inspection, we made a recommendation in this area as we found robust risk assessments were not in place for people with specific health conditions. Improvement had not been made in this area.

- Robust risk assessments were not in place to ensure people received safe care.
- Risk assessments had not been completed in relation to people's health conditions to ensure risks associated with people's medical conditions were minimised. Staff did not have information about signs and symptoms of risks or details of the type of actions to take such as with people at risk of stroke, heart conditions and breathing issues. The registered manager told us that they would ensure risk assessments were completed as soon as possible.

Using medicines safely

- Medicines were not managed safely at all times.
- Medicine Administration Charts (MAR) showed a number of gaps on 2 people's MAR with no information on why these medicines were not administered, which meant there was a risk these medicines were not given, placing people at risk of harm. We checked the daily notes and found records that showed medicines had been administered but did not detail, which medicines had been administered therefore we could not be assured all medicines had been administered safely. The management team told us this was a record keeping error but would investigate the gaps
- We saw evidence that some people had their medicines administered when required on the MAR, such as pain killers (known as PRN medicines). The service medicine policy included the need to ensure PRN protocols were in place. However, we did not see any PRN protocols or guidance in place to guide staff on how and when to administer these medicines, either on the MAR or in care plans.

The above concerns meant that risk assessments were not completed in full to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Medicines were not being managed safely to ensure people received their medicines in a safe way. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Risk assessments had been completed for people at risk of falls, mobility and if people were distressed.
- Staff had been trained on medicines and told us they were confident in managing medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place. A person told us, "Yes, I feel safe. The way they treat me, gentle." Another person commented, "Yes, I feel safe. They are so nice."

Staffing and recruitment

At our last inspection, we made a recommendation in this area as we found systems were not in place to ensure robust pre-employment checks were carried out. At this inspection, we found Improvement had been made in this area.

- Pre-employment checks had been carried out to ensure staff were suitable to work with people who used the service. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. The service used a digital monitoring system to monitor staff attendance and punctuality, which gave the service oversight of staff time keeping and how long staff supported people during call visits.

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "I am given PPE to wear like gloves, masks and hand sanitiser." A person commented, "Yes, they wear PPE. Good infection control, wash their hands."

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 Good. At this inspection, this key question has been rated Requires Improvement. This meant 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

- Robust systems were not in place to assess people's needs and choices.
- Although pre-assessments and reviews had been carried out this did not include people's preferences with the support they required and to ensure robust risk assessments were in place to ensure people were safe at all times. This meant people may not receive safe person-centred and safe care. The management team told us they would ensure pre-assessments were made more robust to ensure important details were captured.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Consent had been requested from people that had capacity to make decisions to ensure they agreed with the care and support being provided by the service.
- Staff told us that they always request people's consent before doing any tasks. A staff member told us, "I always ask for consent before doing anything." A person told us, "Yes, they ask for my permission."

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

- Care plans included the level of support people would require with nutrition.
- People's preferences were recorded and they were given choices with meals. A person told us, "Yes, they

support me with my meals. They ask me what I want. I get plenty of food."

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as safeguarding, basic life support and moving and handling. A staff member told us, " They give me good training, which helped me in my role. They also did induction." A person told us, "Yes, they have the skills and knowledge to support me." A relative commented, "I think they have the skills and knowledge. They are friendly, chatty and make [person] relaxed."
- Regular supervisions had been carried out for staff to ensure they were supported in their roles.
- Staff told us they felt supported. A staff member said, "[Registered manager] is a good manager, she supports me well."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- GP details were recorded on people's care plan. Staff were aware on contacting GP as they knew the contact information or emergency service if people were not well. A person told us, "Yes, they give me ideas to make myself feel better."

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 Good. At this inspection, the rating remains 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; equality and diversity

- People were treated with kindness and respect. A person told us, "Both [staff] caring and kind. I do have a good relationship with them." A relative commented, "Yes, they are kind and very caring."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. Staff told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member commented, "Yeah, we involve them in decisions about their care, it is very important. I always ask people how they would like to be supported." A person told us, "Yes, they ask what I want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I always try to respect privacy and dignity. I will knock on doors before going inside and always give them privacy when supporting them." A person commented, "Yes, they knock on my door. They ask me if I need anything before leaving. They respect my privacy, they leave the room when I have a visitor." Another person said, "Yes, everyone is respectful. They are mindful of my privacy. They ask if I am alright and knock my door before entering."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising.

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 Good. At this inspection, this key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Robust care plans were not in place to ensure people received personalised care.
- People's care plans did not include people's preferences on how they would like to be supported with personal care such as with bathing, showering and continence. A relative told us, "They were supposed to rub cream on [person's] knees. Never done. Should be on the care plan." The management team were able to tell us how people liked to be supported and told us this would be updated.
- Some care plans were not updated following change of circumstances. We were informed by the management team two people's support needs had changed, however this was not accurately reflected on the care plan in terms of the support required and the date this was required from. This meant people may not receive personalised care.

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.

- Communication plans were not in place and did not include how staff should communicate with people. This meant that staff may not be able to communicate with people effectively and understand their needs.
- Some people and relatives raised concerns with staff communication. A person told us, "They don't understand me and I don't understand them." A relative told us, "They send different people. He cannot understand them." Another relative commented, "The issue is [person] understanding them. I will step into help the communication sometimes."

The above concerns meant that care plans had not been completed accurately or personalised to ensure people received high quality person-centred care. Communications plans were not in place to ensure staff communicated with people effectively. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The service had not received any complaints since they registered.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The registered manager told us that the policy was in place should the service support people with end of life care. The registered manager also informed staff would also be trained on end of life care when required.

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 Good. At this inspection, this key question has been rated 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; 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

- Robust quality assurance systems were not in place to ensure shortfalls were identified and prompt action taken to ensure people received safe and effective care at all times. This meant that the management team did not have oversight of quality performance, risks and regulatory requirements.
- Audits were carried out on aspects of the services, which included medicines, communication logs and spot checks. We did not see evidence that systems were in place to carry out audits on care plans, which meant shortfalls we found with care plans, communication plans and risk assessments could not have been identified.
- The services medicine policy included any errors relating to omission in the recording of medicines, will be investigated. However, the omissions we found on MAR charts were not identified as part of audits and therefore these could not be investigated to ensure medicines were managed safely.
- In addition, information had not been kept about people's communication abilities, which was important to ensure people's communication needs were being consistently met.

Management systems were not robust to ensure people received safe person-centred care. The failure to maintain accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "Everything is going on well, no concerns. [Registered manager] is very good, very supportive."
- Spot checks had been completed to check staff were competent to carry out their roles.
- The management team was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to obtain feedback from people about the service.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people through spot checks.

Working in partnership with others

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider was doing everything that is reasonably practicable to make sure that people who use the service receive person centred care.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>The registered provider was not ensuring that medicines were being managed safely at all times.</p> <p>Regulation 12(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users to ensure people received safe person centred care at all times.</p> <p>The registered provider was not maintaining accurate, complete and contemporaneous</p>

records for each service user meant that service users were at risk of receiving unsafe and inappropriate care.

Regulation 17(1).