Promise Care Services Ltd

Barking Enterprise Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out an announced inspection of Barking Enterprise Centre on 6 November 2018. Barking Enterprise Centre is registered to provide personal care to people in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to two people in their homes. This was the first inspection of the service since it registered with the CQC.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Some risks to people were not always robustly managed. We found some care plans did not contain suitable and sufficient risk assessments to effectively manage risks. We made a recommendation in this area.

Pre-employment checks had not been carried out in full to ensure staff were suitable to provide care and support to people safely. Two references had not been obtained prior to staff providing personal care to people, which was against the providers recruitment policy. We made a recommendation in this area.

People were given choices with meal times. However, care plans did not include people's preferences with meals.

People's ability to communicate were recorded in their care plans. However, there was no information on how staff should communicate with people and particularly how staff would make information accessible to people.

Audits had not identified shortfalls with risk assessments and care plans to ensure prompt action could be taken and people received high quality care. The registered manager told us that audits did not take place as they had been supporting people for a short time but showed us evidence of audit forms that would be completed.

Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and externally.

Medicines were being managed safely. Records showed that people had received their medicines on time.

There were arrangements in place to ensure staff attended care visits on time. Staff told us they had time to provide person centred care and the service had enough staff to support people.

Staff had been trained to perform their roles effectively. People were being cared for by staff who felt supported by the management team.

Pre-assessment forms had been completed to assess people's needs and their background before they started using the service.

Staff were aware of the principles of the Mental Capacity Act [2005]. Staff sought people's consent before supporting them.

People were supported to access healthcare if needed. Staff knew if people were not feeling well and who to report to.

People's privacy and dignity were respected by staff. Relatives told us that staff were caring and they had a good relationship with them.

No complaints had been received but people and relatives had access to complaint forms and staff were aware of how to manage complaints.

Relatives and staff were positive about the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some risk assessments had not been completed for people with identified risks.

Pre-employment checks had not been carried out in full to ensure staff were suitable to care for people safely.

Medicines were being managed safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing arrangements to ensure staff attended care visits.

Appropriate infection control arrangements were in place.

Is the service effective?

Good

The service was effective.

Staff received essential training needed to care for people effectively.

Staff were aware of the principles of the Mental Capacity Act (2005). Staff requested people's consent before carrying out tasks.

People's needs and choices were assessed effectively to achieve effective outcomes.

People were supported with meals and given choices. People's preferences with meals had not been included in care plans.

Staff were supported to carry out their roles.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and were caring.

People and their relatives were involved in decision making on the support people received.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans included people's support needs.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints. People and relatives had access to complaint forms should they need to make a complaint.

People's ability to communicate was recorded. However, information did not include how staff should communicate with people effectively.

Is the service well-led?

Good

The service was well-led.

Audits of aspects of the service did not take place yet as they had been supporting people for a short time. However, there were forms for these to take place in the future.

Accurate records had not been kept ensuring people received high quality care at all times.

Staff and relatives were positive about the management team.

People's feedback about the service was obtained from surveys.

Barking Enterprise Centre

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 is 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.

The inspection was carried out on 6 November 2018 and was announced. We announced our inspection because we wanted to be certain that someone would be available to support us. The inspection was undertaken by one inspector.

Before the inspection, we reviewed relevant information we held about the provider. We spoke with a relative of a person that used the service and a care staff member.

During the inspection, we reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans, which included risk assessments and three staff files which included pre-employment checks. We looked at other documents held at the service such as medicine and training records. We spoke with the registered manager and a care staff.

After the inspection, we spoke to a care staff member and one relative.

Requires Improvement

Is the service safe?

Our findings

Risk assessments had been completed on potential hazards in people's homes and on moving and handling. However, risk assessments had not been completed in some areas that may impact on people's safety. For example, one person was at risk of being breathless. The registered manager and care staff told us that the person administered the inhaler themselves if they got breathless. However, a risk assessment was not in place to include the signs when the person may become breathless, what staff should do and if medicine should be administered such as inhalers should the person be unable to administer this and where the inhalers where kept.

We also found inconsistencies with risk assessments. Two people had arthritis. On one person's care plan, information included what part of the body the arthritis was therefore staff would be aware that they needed to be gentle around affected area to prevent pain or discomfort. However, for the other person, who also had arthritis, this level of information had not been included.

A person was on blood thinning medicines. These are medicines that are taken to help prevent blood clots. The risks were that the person was at risk of injury or bleeding easily, which could cause problems such as severe bruises, coughing blood or prolonged nose bleeds. A risk assessment had not been completed to include the risks associated with the medicine, how staff could minimise the risk of bleeding or injury and what staff should do if the person was bleeding. We asked the staff member that supported the person the risks associated with blood thinning medicines. The staff member told us, "Bleeding is one of the risks, so we have to make sure that we are gentle when we support them to avoid cuts or bruises. If you see any bleeding then we would report to the office and the relatives and call the doctor."

We fed our findings back to the registered manager, who informed that they would update the risk assessments.

Staff we spoke with were aware of the risks associated with people and what to do to ensure people were safe. Relatives told us that their family member was safe when being supported by staff. A relative told us, "Yes [person is safe]. It's better than the previous care company we had."

We recommend the service follows best practice guidance on risk management records.

We checked three staff records to see if pre-employment checks had been completed. This ensured staff were suitable and of good character before supporting people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Pre-employment checks such as DBS and immigration checks, employment history and proof of the person's identity had been carried out as part of the recruitment process.

The provider's recruitment policy stated, 'At least 2 satisfactory written employer references have been received for that candidate, including one from the last employer.' However, we found that out of three staff,

only two staff had one reference each. For the other staff member, although two references had been sought, one had not been from their most recent employer as indicated on the job application form. The references obtained were positive. The registered manager told us that the references had been requested but they had trouble receiving this from the referee's and will make a further request to obtain the references.

We recommend that the service follows its recruitment policy when employing staff.

Staff had received medicines training and told us that they were confident with supporting people to take their medicines. A staff member told us, "We have been trained in medicines and are confident with this." The service supported one person with medicines. We looked at the person's Medicine Administration Records (MAR). There was no information on the MAR chart such as the types of medicine given, dosage and frequency. The registered manager told us that all the medicines were in a blister pack, which had this level of information. The MAR showed that medicines were given on time and any refusals had been recorded. The person's relatives told us that medicines were given on time. Staff we spoke to were aware of what to do if an error was made such as missing a medicine or if a person persistently refused to take their medicine. They told us they would report this to the office and depending on the type of medicine then contact the GP for advice.

Staff were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report it to. A staff member told us, "Safeguarding is to protect our clients from harm or abuse. There are different types of abuse. If we think someone is being abused, we would report to the councils safeguarding team, our manager, their relative and social worker." Staff also understood how to whistle blow and knew they could report to outside organisations, such as the Care Quality Commission (CQC) and the police. We observed that there were safeguarding processes displayed in the services office.

Relatives told us that staff arrived on time and carried out the required tasks. A relative told us, "Yes, in general they do come on time. If they are late, then they call." The registered manager told us, "We do rotas based on their [staff] availability. If they cannot do it, we will find another staff that can do it." Staff rotas were sent in advance and staff were given time to travel in between appointments to minimise late calls or missed visits. A staff member told us, "They tend to give you clients that you are close to. If it is not close then there is means of transport available. We are given time to go to appointments on time." The registered manager told us that staff were always on standby if staff could not attend appointments. The registered manager told us, "We have cover. We cannot leave our clients without carers." Staff had to complete time sheets on the time spent supporting people. This was reviewed by the registered manager to ensure staff attended on time and stayed the required time to support people.

The registered manager told us that there had been no incidents or accidents. There were incident and accident forms available to record incidents. The registration manager told us that if there was any incident, they would analyse this to ensure lessons were learnt and to minimise the risk of re-occurrence.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. Staff were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE separately when completing personal care. A staff member told us, "We have gloves, aprons and uniforms. We use them on our jobs and when we need to such as when giving personal care. We dispose of them safely afterwards."

Good

Is the service effective?

Our findings

Relatives told us staff were skilled, knowledgeable and able to provide care and support effectively. A relative told us, "They are knowledgeable. Personal care is very good."

Records showed that new staff members had received an induction. A staff member told us, "I received an induction with a Care Certificate." Records showed that staff had completed a Care Certificate induction. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life such as safeguarding, infection control, first aid and health and safety.

A training matrix was in place that listed the training staff had completed and when the next training was due. The registered manager told us they used the training matrix to monitor staff training and book training in advance when training was close to expiry. A staff member told us, "Training is very helpful because it is based on what we do."

Staff told us they were supported in their role. As staff had been supporting people for a month, supervisions had not been completed yet. The registered manager told us that she would be completing supervisions soon, which would include discussing performance, concerns and development. Staff we spoke to told us that they were supported in their role. One staff member told us, "The [registered manager] is very supportive." Another staff member told us, "The manager is very approachable and supportive."

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.

Staff were aware of the principles of the MCA. MCA assessments had been completed for people that may not have capacity to make certain decisions. The assessments followed the MCA principles and people's relatives had been included in the assessments. People or their relatives had signed a 'consent to care' form agreeing to receive support and care from the service. Staff we spoke with told us that they always requested consent before doing anything. A staff member told us, "Consent is very important. We always ask for consent. It is always number one things to do when we go inside someone's home."

Pre-assessments had been completed prior to people receiving support and care from the service. The assessments included information such as on people communication ability, spiritual needs, nutrition and hydration, personal hygiene, security and medicine management. These enabled the service to identify people's daily living activities and the support that people required. This allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The registered manager told us that the service would assess people's needs and choices through regular reviews. As the service had been supporting people for approximately a month, reviews had not been completed. Care plans included the date when care plans would be reviewed next. This meant that people's needs and

choices were being assessed effectively to achieve effective outcomes.

The service supported people with meals, which included preparing meals. Although care plans recorded that people should be supported with meals on various times of the day, information did not include people's likes and dislikes with meals. The registered manager and care staff we spoke to on the day of the inspection told us about the person's preferences with meals. We recommended that this level of information be included in the person's care plan to ensure all staff were aware should they go to support the person with meals. The registered manager told us that this would be added.

Staff gave people choices when supporting them with meals. A relative told us, "They ask what [person] wants." A staff member told us, "We do breakfast and lunch. We do give them choices. We tell them what they have and what they would like to eat."

Care records included the contact details of people's GP and who to call in the event of an emergency so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they called for a health professional to support the person. Staff were able to tell us the signs people would display if they did not feel well. This meant the service supported people to access health services to ensure they were in the best of health.

Good

Is the service caring?

Our findings

Relatives told us that staff were caring. A relative told us, "They are very kind." Staff told us how they built positive relationships with people. A staff member told us, "Communication is very key to talk to them and spend time with them. This helps us to get along also." Another staff member commented, "You have to have a good rapport with them so I communicate with them, take a interest about them and just talk to them as well as listening to them. That is important, a good rapport makes us enjoy our jobs and makes them like us supporting them." A relative told us, "[Person] kisses them [staff] goodbye when they leave." Information on care plans included that if people enjoyed company of others that staff should talk to people during visits, which meant that positive relationships could be formed and maintained.

Relatives confirmed that they had been involved in decision making on the care their family member received. A relative told us, "Yes, I am involved in decisions. They came before [person] needed help and we went through what [person] needed help with." A staff member told us, "We do not impose our decisions on them." There was a section where people and relatives could sign to evidence that they agreed with the contents of their care plan. Staff told us that they involved people with day to day decisions. A staff member told us, "We let them make choices. We have to. It is their home so we always listen to them."

People's independence was promoted. Care plans included details on area's people were independent and areas that they required support. A staff member told us, "We encourage independence through doing simple things. So, we ask them to wash their face or if we do their bed then ask them to help us, so we do it together. It boosts them and they enjoy it if we do things together."

Staff ensured people's privacy and dignity was respected. They told us that when providing particular support, it was done in private. A staff member told us, "When we wash them, we use a towel to cover them and make sure we do not expose them. We would draw their curtains and make sure door it shut." Relatives we spoke to confirmed this. A relative told us, "[Persons] privacy and dignity is respected."

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 was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely in the office.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. This was confirmed by the person and relative we spoke to that people were treated equally and had no concerns about discrimination. A staff member told us, "To provide equality, I ask all the clients how I can help them and I give them what they want. We treat [people] all the same."

Good

Is the service responsive?

Our findings

Staff were aware of their preferences and interests, and their health and support needs, which enabled them to provide a personalised service. A staff member gave us an example when a person's condition had improved through their support. The staff member told us, "There is one client and [person] had a fear of using the commode through previous experience. This had an impact as they refused to eat and then become constipated. So, I encouraged [person] to use the commode, letting [person] know I will be there to help them before anything happens. It took a while but through this encouragement, [person] did not fear the commode so [person] started to eat well and would not be constipated anymore. [Person] uses the commode now without fear. [Person] is happy with that."

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans is helpful. It is very detailed, it tells us what clients issues are and ways to support them." A relative told us, "I have seen a care plan. The plan seems quite reasonable." Care plans detailed the support people would require with personal care. Care plans also included information on people medical condition, next of kin and family backgrounds. Care plans included the times staff supported people and the support people required. The care plans were divided into areas such as what people needs were, the outcomes they expect, what would be done to achieve the outcomes and who would do this. There was a moving and handling instruction sheet for a person that required a hoist for transfers. Care plans also included for people that lived by themselves, staff should ensure that the person wore a pendant alarm that could be used in the event of emergencies if the person was alone.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they could access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included people's ability to communicate on speech, hearing and sight. However, for a person that had reduced hearing there was no information on how staff could effectively communicate with the person. The registered manager and care staff told us that staff spoke to the person on a slightly raised tone and this information would be included on the care plans and communicated to all staff.

No complaints had been received since the service registered with the CQC. There was a complaints policy in place and a complaint form available should people or relatives want to complain and the forms were given to people when they started receiving support from the service. Relatives told us that they had no concerns but knew how to make complaints if required. Staff were aware of how to manage complaints. A staff member told us, "If there is any complaint, I will inform the manager. We always let them know if they

have any concerns then there is a form available to them to complete."

Good

Is the service well-led?

Our findings

The registered manager told us that they had done visual audits on care plans and medicines management so far. However, the findings and the areas that had been covered for the audits had not been recorded. Recording audits is important to make sure that any identified actions could be monitored and if any actions had been implemented. The visual audits that were carried out had not identified the shortfalls we found at the inspection with risk assessments. The registered manager informed us that formal audits had not been completed as they had been supporting people for a short time and these audits would formally be carried out monthly and outcomes would be recorded. We were shown audits forms that would be used to audit care plans, risk assessments and medicines. We advised that the registered manager considers auditing medicines weekly to ensure any issues could be identified promptly and prompt action taken to ensure people were in the best of health. The registered manager informed they would incorporate this as part of their audit arrangements.

Records were not always kept up to date. We found some risk assessments had not been completed in full to ensure staff had the relevant information to provide high quality care at all times. Keeping accurate records is important to ensure the service had oversight of the support people required and if support had been delivered effectively and in a safe way. The registered manager told us that they had learnt from this and would ensure measures are in place to minimise the risk of re-occurrence.

Spot checks had been carried out to check staff performance. Spot checks included, communication, staff approach, principles of care, appearance and staff knowledge. The findings of the spot checks were then communicated to staff with further action included if required.

As the service had been supporting people for a short time, surveys had not been completed yet. The registered manager told us that they would be sending surveys out to people and their relatives soon and showed us the forms that would be used. The registered manager informed she was in regular contact with people and their relatives and therefore there was always an opportunity for feedback from people or their relatives. A staff member told us, "The manager always asks us to get feedback when we visit to help people and let her know."

Relatives were positive about the service and the management. A relative commented, "[Registered manager] is helpful. She is quiet on the ball." Another relative told us, "[Care coordinator] appears confident and helpful." Staff told us that they enjoyed working for the service. One staff member told us, "I love my job, it is very rewarding." Staff told us that they were supported in their role and the service was well-led. One staff member said, "[Registered manager] is very approachable and helpful." Another staff member commented, "The manager is a very good manager. She is caring and respectful as well."

Staff meetings were held regularly. Records showed that meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed that staff shared information on people such as on moving and handling and how to support people effectively. Minutes also showed that the registered manager acknowledged staff hard work. This meant that staff were able to discuss any ideas or

areas of improvements as a team to ensure people always received high quality support and care.