

New Hope Care Ltd

# New Hope Care Ltd

## Inspection report

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Date of inspection visit:  
28 November 2023  
29 November 2023

Date of publication:  
08 January 2024

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

New Hope Care Ltd is a domiciliary and 'supported living' service that provides personal care and support to people living in their own homes. The provider is registered to support people with a variety of needs including people who live with dementia, people who misuse drugs and alcohol, people with an eating disorder, people with mental health needs and people with a learning disability, and autistic people. At the time of the inspection the provider was supporting 5 people with learning disabilities/ autistic people.

Some people were supported by staff who lived in people's homes and provided 24 hour support to 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Support:

Risks to people were not always assessed and records required more detail with actions for staff to follow. Improvements were required with the management of medicines to ensure records were accurate and staff had guidance for when to administer 'as required' and covert medicines.

People were supported to have choice and control over their own daily lives. The policies and systems in the service supported this practice. However the provider did not fully understand their duties under right support, right care, and right culture in relation to supported living and service models to protect people's choice and rights in relation to their tenancy and choice of provider.

People were supported by a consistent staff team who knew them well and understood their needs.

#### Right Care:

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff promoted equality and diversity. They understood people's cultural needs and provided culturally appropriate care. Staff protected and respected people's privacy and dignity.

### Right Culture:

Improvements were needed to the current systems to make them more effective to monitor the quality of the service and to drive improvements. Audits were not always effective in identifying shortfalls in care practices.

People and those important to them, were involved in planning their care. The care manager and operations manager were open and transparent throughout our inspection and demonstrated a commitment to delivering improvements and achieving best outcomes for people. They were receptive to our feedback and took action to address the shortfalls we found.

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 and update.

The last rating for the service was requires improvement (published 23 February 2017).

### Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led key question sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Hope Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to the management of risk and how the provider monitors the service provided.

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?**

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

**Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# New Hope Care Ltd

## 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 undertaken by 1 inspector.

#### Service and service type

This service provides care and support to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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. However, the registered manager was not present during the inspection.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2023 and ended on 30 November 2023. We visited people on 28 November 2023 and the office on 29 November 2023. Telephone calls were undertaken to relatives on 23

November 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 2 relatives to gain their feedback about their experiences of using the service. We spoke with 5 staff which included care support staff, care manager and operations manager. We reviewed and sampled a range of documents and records including the care and medicine records for 3 people, and 4 staff recruitment files. We also looked at records related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people had not always been individually assessed and managed effectively.
- Risk assessments and care plans were not always in place to guide staff on how to support people with their medical needs. This included a lack of guidance on the support people needed with epilepsy and diabetes. This meant staff did not have clear guidance to follow to minimise risk to people's health and wellbeing.
- Where risk assessments were in place they did not always contain sufficiently detailed information about people's risks. For example, where risks were identified in relation to pressure relief the actions staff should take to minimise these risks were not always detailed to provide staff with the guidance they needed to monitor and respond to concerns.
- Some people had complex conditions which required careful and considered care planning to minimise the likelihood of distress. Accident, incidents and monitoring charts for people were completed when people became distressed, but these were not always monitored and, analysed to identify patterns and trends to improve outcomes and reduce the potential risk for people.
- The guidance in place for staff to follow in the event of a fire did not consider the reduced staffing levels at night or people's individual support needs. This placed people and staff at increased risk of harm.

The provider had not ensured effective systems were in place to assess and manage risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- People were not always supported to receive their medicines in a way that was safe.
- Medication records had been signed to show people had received their medicines. However, when we checked the physical stock balance of medicines these did not correspond with what had been administered. Records did not show what the current stock balance should be. We could not be assured people had received their medicines as required.
- Procedures and guidance for staff to follow when administering 'as required' or 'covert' medicines were not in place for staff to follow.
- Where people were prescribed a variable dose, the actual dose of medicines administered was not recorded on the medicine record.

The provider had not ensured the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was taken by the operations and care manager to start to address the above shortfalls during and following our inspection.
- Although guidance was not in place for staff to follow, people were supported by staff that knew them well and were aware of all risk associated with providing their support.

#### Staffing and recruitment

- The provider did not always operate safe recruitment processes
- Although recruitment checks were undertaken to ensure staff were suitable to work with people, we found gaps in employment records which had not been explored. These were immediately addressed by the operations manager.
- Staff confirmed and records showed staff had received core training for their role. However, some staff had not received training in relation to some of the medical conditions of the people they supported. This included, epilepsy, diabetes, and catheter care. The operations manager advised this would be addressed.
- The provider supported people who misuse drugs and alcohol, people with an eating disorder, and people who live with dementia. However, staff had not yet received training in these areas. The provider did not currently support anyone from this population group and advised staff would receive this training before they agreed to support people with these needs.
- The provider ensured there were sufficient members of staff available to support people. Feedback and records showed people were supported by a consistency team of staff who knew them well. A relative said, "[Person] gets on well with their staff they know [person] well and they are responsive to their needs. They sort everything out and make sure their needs are met."

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People and their relative's told us they felt safe when being supported by staff. One person said, "Yes, I feel safe. They help me keep safe." A relative told us, "The staff are good, kind and caring [person] feels safe with them, and they know how to manage [person] safely."
- People were supported by staff who had been trained in safeguarding. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "I would report any concerns straight away to my manager, or to CQC or the police if needed."
- The management team were clear about their responsibilities to safeguard people and to report any safeguarding concerns to the local authority and CQC.

#### Learning lessons when things go wrong

- Although systems were in place to learn lessons when things went wrong, these were not always utilised. For example, not all accident and incidents records were reviewed by the senior management team to review the details and to assess if any further action was required to reduce known risks and to share any learning from this analysis with the staff team.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff confirmed and records showed they had completed infection control training as part of their induction.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

- The provider's governance systems had not always enabled them to effectively monitor the quality of care provided to drive improvements forward.
- Although some audits were in place these were not robust enough to identify the shortfalls we found during our inspection. For example, medicine audits did not identify the shortfalls we found in relation to the safe management of people's medicines. Quality checks were completed on staff recruitment files, but these did not ensure all required information had been obtained before a staff member commenced employment.
- Provider level audits were not completed to maintain oversight of the service. This meant shortfalls were not identified and records such as accidents and incidents were not reviewed by senior management to reduce risks.
- Audits of care records and risk assessments did not identify they were not always reflective of people's current needs or person centred to guide staff when providing individualised support.
- The provider did not always demonstrate how they supported people to have the maximum possible choice and control over their own lives. For example, the provider could not evidence how people were supported to understand their right to choose a different provider without this affecting their tenancy.
- The provider's service model did not fully consider statutory guidance about tenancy rights such as restricted access to any part of their home. We found some people could not access 1 bedroom in their home due to this being used as a staff office.

The provider did not have effective systems and processes to ensure effective oversight of the service was maintained. This was breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of the need to promptly inform CQC of any notifiable incidents in accordance with their legal responsibilities.

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

- The operations manager and care manager visited people regularly to maintain oversight of the support provided. However, records of these visits were not always maintained to detail the discussion and feedback

shared.

- Systems were in place to gain feedback from people and those important to them on the service. This included meetings, surveys, reviews, and informal discussions.
- People and relatives spoke positively about their contact with the operations manager and care manager. A relative told us, "The care manager [name] is very friendly, helpful, and approachable. I feel able to talk to them and they listen and get things sorted where needed." Relatives advised us they did not have much contact with the registered manager.
- Observations showed people knew who the care manager was, and people appeared relaxed and comfortable in their presence.
- Staff told us they felt supported in their role and found the management team to be approachable. A staff member said, "I do feel supported; my line manager is very good, accessible and they know their stuff and I know I can go to them for advice."

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

- There was a positive and open culture at the service.
- People and relatives, were complimentary about the service provided. A person told us, "I like living in my home and the support I receive. I do the things I like to do, and the staff help me." A relative told us, "I am happy with the support provided the staff enable [person] to live independently and to visit the places they enjoy."
- Staff told us they enjoyed their role and ensuring people received the support which met their needs. A staff member told us, "I enjoy my role very much; I like looking after people."
- The care manager shared with us their passion and commitment to make a difference and for people to receive good quality care in the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The operations manager understood the provider's responsibilities under the duty of candour. They told us, "If something went wrong, we would be open and transparent and apologise to people, and those important to them."

Continuous learning and improving care

- At our last inspection we found improvements were required to the delivery of the service due to missed and late calls. We also found improvements where needed to update care plans when people's needs changed and to the auditing processes in place.
- On this inspection we found there had been no missed or late calls. The provider mainly supported people in supported living settings, as opposed to domiciliary care.
- The provider still needed to improve their auditing procedures and to ensure care plans were updated in a timely manner to ensure they were accurate with people's current needs.
- The management team carried out spot checks on staff to ensure the required care was being provided and standards were being maintained.
- The management team were receptive to our feedback and demonstrated their commitment to making the required improvements.

Working in partnership with others

- The management team and staff worked in partnership with various healthcare colleagues, and the local authority, to support people's needs.



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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured systems were in place for the safe management of medicines. The provider had not ensured effective systems were in place to assess and manage risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes needed to be further improved and embedded to ensure effective oversight of the service was maintained.</p>