

Hope Care Agency Ltd

# Hope Care Agency

## 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?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 and 17 December 2014. We identified a number of breaches in the regulations relating to person-centred care, safe care and treatment, complaints handling, good governance and notification procedures.

Following this visit, we asked the provider to send us an action plan by 1 May 2015 describing the actions they

were going to take to meet the legal requirements and what they intended to achieve by their actions. After a further request for this information we received the provider's action plan on 26 May 2015.

Due to the significant number of breaches we found during our previous visit, we undertook another full comprehensive inspection on 24 July 2015 to check that the provider had followed their plan of action and to confirm they now met legal requirements. This inspection was announced.

# Summary of findings

During our inspection on 24 July 2015 we noted improvements had been made to the care planning process and risk assessments had been fully completed and updated. The provider had introduced Health Action Plans for people using the service though these lacked important information such as the details of health professionals involved in people's care and a record of healthcare appointments. The registered manager had improved the quality of monitoring systems though we identified shortfalls in this area in relation to medicines management.

Hope Care Agency provides support and personal care for adults and children. At the time of our visit six people were using the service.

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 requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was not available at the time of our visit.

The service received the majority of its referrals via email or telephone from social workers based in the London boroughs of Barnet and Ealing. A care manager from the agency visited people in their own homes to carry out an initial assessment and create a plan of care. This process ensured that people's individual care and support needs were able to be met by the service before a package of care was organised and care staff allocated.

Care plans were developed by consulting with people and their family members. Where people were unable to contribute to the care planning process, staff worked with people's relatives and representatives and sought the advice of health and social care professionals to assess the care needed.

A range of risk assessments had been completed. These included assessments covering issues such as falls prevention and guidance around food, nutrition and personal care.

The staff we spoke with knew about people's interests as well as their day to day lives at home with their families. People's independence was promoted and staff understood the importance of respecting people's privacy and dignity.

There were policies and procedures in place to protect people from harm or abuse. However, records were not always available in staff files to demonstrate that staff had attended relevant safeguarding training and staff were not always able to demonstrate a clear understanding of safeguarding.

People were supported at mealtimes to access food and drink of their choice. Staff were required to support people to prepare simple meals of their choice or reheat and serve food prepared by family members. Most staff had completed training in food hygiene and preparation. Staff had guidance about how to support people with known healthcare needs, such as diabetes although we saw evidence that staff were not always following these guidelines.

Staff were required to record arrival and departure times and all tasks completed in people's daily log books. We saw evidence that daily logs were completed. However, information around medicines prompting was inconsistent and medicines administration charts were not available or not completed meaning we were unable to check whether staff were completing this task appropriately.

There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being. However, the administrative person managing the service on the day of our visit seemed unfamiliar with the provider's policies and procedures as to how to respond to an emergency situation.

We received positive feedback from family members about the registered manager and staff.

People told us they were aware of how to make a complaint. There was a complaint's log and procedures for managing complaints were evident.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements. However, we found shortfalls in this process relating to medicines.

## Summary of findings

We made a recommendation in relation to meeting people's nutritional and health needs.

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# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe. The prompting of people's medicines was not always recorded consistently in daily logs and we saw no evidence that medicines recording charts were being completed, collected and/or checked for auditing purposes.

Procedures were in place to protect people from abuse. However, staff were not always able to demonstrate a clear understanding of safeguarding.

The risks to people who use the service were identified and managed appropriately.

Staff files contained references and appropriate criminal record checks demonstrating that staff had been recruited safely.

**Requires Improvement**



### Is the service effective?

Aspects of the service were not effective. Some staff had completed basic training in food hygiene and preparation. Staff understanding of balanced and nutritious diets was not always evident in people's daily logs.

Not all staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Staff received supervision and appraisals which meant people were supported by staff who were trained to deliver care safely and to an appropriate standard.

**Requires Improvement**



### Is the service caring?

The service was caring. People we spoke with and their families told us they were happy with the care provided.

People told us they had contributed to the development of their care and supports plans.

Staff understood the importance of people's cultural values and personal preferences.

**Good**



### Is the service responsive?

The service was responsive. Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure. People said they would contact their social worker or the manager if they had any concerns. Complaints had been logged by the provider.

We saw people's care and support needs had been assessed by the service and these were updated and reviewed as and when required.

Daily log sheets were returned to the main office for review purposes on a weekly basis and spot checks were carried out to monitor the care provided.

**Good**



# Summary of findings

## Is the service well-led?

Aspects of the service were not well-led. Systems were in place to monitor the quality of the service. However, there was not evidence to demonstrate that all aspects of care and support were monitored.

The service had a registered manager but she was not available for us to speak with at the time of our visit.

Staff meetings were held on a monthly basis. Staff were given the opportunity to feedback ideas and make suggestions about the running of the service.

## Requires Improvement



# Hope Care Agency

## 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 visit 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.

We also needed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 16 and 17 December 2014 had been made. We inspected the service against all of the five questions we ask about services: Is the service safe, effective, caring, responsive and well-led.

This inspection took place on 24 July 2015 and was announced. The inspection was carried out by a single inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we looked at the information the Care Quality Commission (CQC) holds about the service. There had been no notifications of significant incidents reported to CQC since our last inspection in December 2014.

During the inspection we spoke with an administration assistant who was responsible for managing the service in the registered manager's absence. We were unable to speak directly to people using the service because English was not their first language. We spoke with five relatives who acted as their family member's main carer and who had a good understanding of the care and support their family members received from the service. One relative was able to translate on their family member's behalf. We also spoke with five members of care staff. The records we looked at included six people's care plans, seven staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection we found that the provider was failing to notify the Care Quality Commission about safeguarding concerns as required. The provider also did not have appropriate systems in place to manage risks and protect people from harm.

During this inspection we found that relevant staff were aware of their responsibility to notify CQC about any safeguarding concerns. The administrative assistant we spoke with told us they would report all safeguarding issues to the local authority and to the Care Quality Commission. We have received no notifications since our last visit in December 2014, however we were not made aware of any incidents that should have been reported.

Records were not always available in staff files to demonstrate that staff had attended relevant safeguarding training and staff were not always able to demonstrate a clear understanding of the safeguarding policy and procedure. However, staff told us they would report any concerns about a person's welfare to their manager.

Relatives told us they felt their family members were, "safe and happy" and that staff were "very nice and helpful."

People were referred to the service by social workers or were able to self-refer. Following referral, people were visited in their homes so that appropriate care plans and risk assessments could be completed. This included assessments that addressed environmental risks, prompting of medicines and any other risks associated with people's specific health and support needs.

Risk assessments included information about precautions already in existence such as monitoring from health care professionals and GPs, along with additional measures in place to minimise the risks. Risk assessments had been fully completed and review dates were clearly documented.

Where staff were responsible for prompting people to take their medicines, we saw that this information was recorded in people's daily logs. However, there was often insufficient information to indicate what medicines had been prompted and whether people had actually taken their medicines or not. We were shown blank medicines administration records (MAR) and told that these were contained within people's care plans and signed accordingly to provide this information. However, these records were not available to review on the day of our visit as they were kept in people's homes and had not been collected by the care manager for monitoring purposes.

The administrative person managing the service on the day of our visit was unfamiliar with the provider's policies and procedures as to how to respond to an emergency situation and told us she would leave the office to assist colleagues with an emergency and commence CPR if required. Staff told us they would contact the office and/or call 999.

There were suitable recruitment procedures in place. We saw evidence that criminal record checks had been undertaken and that employment references had been sought prior to staff starting work. Applicants were invited to an interview to assess their suitability but we did not see this documented in people's records. We saw that all staff had a contract in their records and details of their role and responsibilities. The service had six permanent staff and extra staff on their books who could be contacted to cover staff absences.

# Is the service effective?

## Our findings

The administrative assistant told us that all staff received relevant training for their role and responsibilities and were required to shadow more experienced staff prior to working with people. We asked to see evidence that training needs were being met but were told that this information was not currently available.

However, staff told us they had attended training sessions in health and safety, food hygiene and moving and positioning. Some staff had qualifications in health and social care linked to the Qualification and Credit Framework (QCF) which is nationally recognised vocational training and had also completed training in first aid and English language proficiency.

Staff confirmed they received regular supervision and an annual appraisal. We saw evidence in staff records that supervision sessions were taking place. Staff were monitored through regular spot checks and evaluation by the registered manager. Evidence of this was recorded appropriately.

At the time of our visit the majority of people using the service had the capacity to make their own decisions. A number of people receiving care also had family members living with them who worked in collaboration with staff from Hope Care Agency. Staff demonstrated an understanding of consent issues and told us they always asked people what they would like assistance with and how they would like things done. Staff spoke to people's relatives and representatives if they felt people were unable to make these type of decisions for themselves.

People were supported at mealtimes to access food and drink of their choice. Staff were required to prepare simple meals or serve food prepared by family members. Staff we spoke with confirmed they supported people with their meals and always offered them choices.

However, staff understanding of balanced and nutritious diets was not always evident from the records we looked at. For example, one person's care plan stated that they were diabetic and needed support from staff planning a healthy diet (sugar free food, low fat, high fibre diet) to maintain stable sugar levels. We noted from daily log recordings that this person had eaten pizza on nine consecutive days, sometimes twice a day. Neither did we see a single portion of fruit or vegetables recorded during this period.

People's care records included their contact details and those of other relevant family members and GPs. Easy read health action plans had recently been introduced by the registered manager. A health action plan is normally recommended by the Department of Health for young people or adults with learning disabilities and explains to people the things they can do to stay healthy and the help that is available to them. None of the health action plans contained completed details of health professionals involved in people's care, start dates or review dates. Information relating to health appointments attended had not been completed.

We also noted in people's health action plans that guidance as to who to contact for medical advice directed people to contact NHS Direct. NHS Direct was dissolved in March 2014 and for non-urgent health enquiries the number to contact is now 111.

**We recommend that the provider seeks advice from a reputable source about tools to use to monitor and respond to people's nutritional and health needs.**



# Is the service caring?

## Our findings

Relatives told us they were happy with the support their family members received. One relative told us “Staff are nice; they do what we ask them to do.” Another relative said, “They look after my Mum and I have no complaints.”

Most people using the service told us they usually had the same care worker for each visit. This meant that people were able to develop relationships with the staff that cared for them and provided continuity of care. We were told that carer workers usually arrived on time.

We saw that visits and phone calls had been made by the registered manager and office staff to people and/or their relatives in order to obtain feedback about the staff and the care provided. Feedback we reviewed was positive.

Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to

their well-being to ensure people were comfortable. One relative told us, “One of the carers knows [my family member] well, understands her emotionally, [they] are very, very good.”

People and their relatives told us they had been involved in the care planning process and had been visited in their homes prior to receiving care. People were provided with copies of their care plans and information regarding the provider’s policies on choice, confidentiality and

Complaints management. This information also included useful contact information for advocates and other statutory and voluntary services.

Staff understood the importance of people’s cultural values and personal preferences. People’s choices about whether they preferred a male or female member of staff to support them were respected and this was confirmed by family members.

# Is the service responsive?

## Our findings

At our previous inspection we found that the provider was not always assessing and meeting people's individual needs. We found that some care plans were incomplete and staff were not always following the care plans that were in place.

During this inspection we found that people's care and support needs had been assessed by the provider and care plans were updated and reviewed as and when required.

Staff were matched to the people they supported according to their needs. For example, people who were unable to speak English received support from staff who were able to speak and understand the person's language.

Care plans contained information about people's medical histories and information was available in people's care plans in relation to these matters.

Reviews took place either through meetings in people's homes or via weekly telephone discussions with people and their relatives.

People and their relatives told us they were involved in review meetings with social workers and senior care staff. Key areas such as mobility, moving and handling, and personal care were regularly reviewed to ensure any changes in a person's needs were recognised and addressed.

Relatives told us "The care manager contacts us or visits and we discuss the care." This demonstrated that the agency responded to people's changing needs and ensured relevant professionals and family members were consulted and involved in people's care.

We looked at archived daily log records and found that these had been completed with a summary of tasks undertaken including information regarding people's wellbeing and where appropriate, details relating to meal preparation and medicines prompting. People's relatives told us that staff always completed and signed the daily logs at the end of each visit.

People knew how to make a complaint and told us they would contact their social worker or the service manager if they needed to discuss any concerns. The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman.

Since our last visit the service had received five complaints mainly relating to late or missed visits which had been logged and responded to in accordance with the provider's policies and procedures.

# Is the service well-led?

## Our findings

At our previous inspection we found that the provider had inadequate systems in place for monitoring the quality of the service. The registered manager had failed to identify any of the shortfalls we identified and appeared to be unaware of the importance of consistent assessment and monitoring of service provision. This meant that people using the service were at risk of unsafe care and support due to ineffective decision making and management of risks.

During the inspection the registered manager was not available to talk with us. The registered manager was supported in her role by a part time care manager and administrative staff based in the office. People told us the registered manager was “very good” and “helps us a lot.”

We found that the registered manager monitored the quality of the service through a combination of announced and unannounced spot checks to observe the standard of care provided. People were contacted by phone on a weekly basis to obtain their feedback. We saw copies of evaluation forms and a log of all calls made to people using the service. Feedback was positive.

Staff recorded their visits on daily log sheets kept in people’s care plan files within their own homes. Log sheets were collected and returned to the office on a regular basis for auditing purposes. However, medicines administration

records were not available to review at the time of our visit meaning we were unable to verify the consistency and quality of medicines recording and how this was monitored by the registered manager.

People’s relatives told us they had a good relationship with the registered manager and felt able to raise any concerns they may have. Some relatives we spoke with told us that occasionally there were issues with time keeping and communication. We were told that these issues had been resolved once they had been reported to office staff.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would log any incident in people’s care plans and also report this directly to the registered manager. We saw that no accidents or incidents had been logged since our last visit.

Staff told us the registered manager was supportive and that they felt listened to. Comments about the registered manager included, “She’s a good manager” and “She’s been good to me.”

Staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas or concerns and make suggestions. The registered manager operated an open door policy and people who used the service and their relatives, and staff, were welcome to contact her at any time. There was an emergency out of hour’s point of contact for people using the service.