

Living Hope Healthcare Ltd

# Living Hope Healthcare Ltd

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service:

Living Hope Healthcare is a Domiciliary Care Service that is registered to provide care for people within their own homes. People using the service are younger adults and older people and the provider is registered to provide services to people with the following needs; dementia, sensory impairment, physical disability or mental health concerns, including people with an eating disorder and learning disabilities or autistic spectrum disorder. Two people were using the service at the time of the inspection.

People's experience of using this service:

Quality monitoring systems were not comprehensive and did not identify patterns or trends within the service.

There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place. Staff were recruited in a safe way. Medicines were given to people as required and were recorded appropriately.

Staff knew people's needs. Staff received training and had been provided with an induction and felt able to approach the registered manager with any concerns. People were assisted to receive nutrition and hydration by staff. People were supported to maintain their health.

People were supported to have choice and control over their lives and staff understood they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

People's care plans reflected their needs and preferences and staff understood the care that people required. There was a complaints procedure in place.

Feedback was taken from people in the form of questionnaires and used to inform the service. People knew the registered manager and felt they were approachable.

Rating at last inspection: This was the first rating inspection since the service registered in February 2016.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Living Hope Healthcare 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

Living Hope Healthcare is a Domiciliary Care Service that is registered to provide care for people within their own homes. People using the service are younger adults and older people and the provider is registered to provide services to people with the following needs; dementia, sensory impairment, physical disability or mental health concerns, including people with an eating disorder and learning disabilities or autistic spectrum disorder. Two people were using the service at the time of the inspection.

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

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Inspection site visit activity started and ended on 29 May 2019 when we visited the office location to see the manager and to review care records and policies and procedures. We made telephone calls to people using the service and staff members on 30 May 2019.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we

sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with one person that used the service to gather their views on the service being delivered. We also spoke with the registered manager and two staff members. We used this information to form part of our judgement.

We looked at two people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ A person using the service told us, "I am kept very safe by my carer. When I have felt unsafe out in the community, he has stood between me and any risk, he is my protector. I am very safe."
- ☐ Staff recognised the potential signs of abuse that people may encounter and were aware of their responsibility to report concerns quickly in order to safeguard people. One staff member told us, "If there are any problems when I am in a person's home I will contact my manager and he is very good. I know who else I can go to above him."
- ☐ There was a procedure in place to raise safeguarding referrals with the appropriate external agency where required.

Assessing risk, safety monitoring and management

- ☐ Despite discussions held with the Registered Manager around risk assessments and our request to view them on the day, we were not shown risk assessments and were informed that they were not in place. However following the inspection risk assessments were sent over to us retrospectively. We found that risk assessments included but were not limited to physical health, moving and handling and the person's environment. Allergies, medicines and health and medical diagnosis were all considered.
- There had been no accidents and incidents recorded, but there was a system in place to record these, if and when required.

Staffing and recruitment

- We found that all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.
- We found that there were enough staff available to people and one person told us, "I have zero cause for concern, the staff never let me down, unlike other agencies I have used. I can see the difference, the staff from this agency are great".
- A staff member told us, "There are enough staff, I have good colleagues, we don't miss any calls."
- We found that rotas reflected the amount of staff on duty at the time of the inspection.

Using medicines safely

- ☐ We found people received their medicines appropriately. A staff member told us, "I know how to give medicines and do it correctly. Staff we spoke with told us that they had previously been subject to spot checks to ensure their competency in administering medicines."
- Medicine Administration Records (MAR) that we looked at recorded the medicines given to people. We saw this had been completed as required with no gaps.

Preventing and controlling infection

- We found that staff ensured hygienic practices were in place when assisting people.
- One person told us, "[Carers name] is always clean and wears gloves." A staff member told us, "I understand infection control procedures."
- We saw that infection control was noted within the care plan and advised staff to follow the guidance in place.

#### Learning lessons when things go wrong

- The registered manager told us how they tried to pre-empt any issues by speaking to staff members regularly and also people who use the service. They said that by discovering small issues they were able to react to them before they became larger concerns. An example of this was the electronic monitoring system, which was in place to ensure that all calls were carried out as required.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ An initial assessment was completed to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, medical diagnosis and care needs. People told us that the care they received was reviewed regularly.

Staff support: induction, training, skills and experience.

- ☐ One person told us, "[Carers name] knows exactly how to care for me. I wouldn't be able to do it myself, so I rely on him." Staff members that we spoke with were able to talk to us in detail about the needs of people they cared for.
- ☐ Staff told us how they received regular supervision every month and that it was an opportunity to discuss issues relating to people receiving care and also their own wellbeing. Staff told us how they were also able to speak with the registered manager outside of supervisions and that the registered manager was responsive and open.
- ☐ Staff received an induction in line with the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors. Staff shared that their induction included shadowing longer serving staff members and learning more about the service by familiarising themselves with policies and procedures.
- ☐ Staff told us they received regular training and we saw that more recent training courses had included; Health and Safety, Manual Handling, Safeguarding, End of Life, Medicines Administration and Mental Capacity.

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

- ☐ One person told us, "They [staff] help with my meals, I make my own choices though."
- ☐ Staff were aware of people who may be at risk of poor nutrition and told us that if there were any issues around weight they would speak with family members and the registered manager, so that the concern could be raised with professionals.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ The provider worked with other healthcare professionals to share information which would maintain people's wellbeing.

Adapting service, design, decoration to meet people's needs

- ☐ We saw that the safety of people's homes was considered. There was an environmental assessment in place and this meant that any risk of hazard within the home had been addressed.



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

- People had access to healthcare services and professionals according to their needs and agreement. One person told us, "[Carers name] would get me the right care if I needed a professional, he knows what would need to be done. I also think he would be immediately alerted to any changes in my health".
- Care staff were able to speak with us about people's health and medical needs and one staff member said, "The care plan tells us about people's health and they and their families also tell us. We know what to do if someone is poorly and who to contact". We saw that some general information on people's health was available within care plans.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found they were. Staff understood how some people were unable to make decisions and the support they may require.
  - We saw that where people did not have mental capacity, to make decisions this was considered, and staff supported them in the least restrictive way possible.
  - People told us that staff always asked for their consent before assisting them. One person said, "It is my house and [carer's name] respects that and asks me before doing anything".
  - Staff we spoke with understood the requirement to gain people's consent prior to assisting them. One staff member said, "It is polite to ask people's consent, so I always do".
- Staff told us how they understood people's body language and gestures, which helped to guide them when supporting people who did not communicate verbally.

# 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

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.

- ☐ One person told us "I am respected so much by my carer, he has understanding and empathy and I salute him for it". A staff member said, "I like to spend time with [person] I like to have a chat with them".
- ☐ The registered manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. Any cultural and religious needs were acknowledged. Where a specific gender of carer was required this was in place.

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

- ☐ We found that people were offered choices as far as possible and one person told us, "I make my own decisions and I am never rushed into anything by my carer. He gives me his time and listens to my point of view. He is generous towards me and involves me in how I am cared for". A staff member told us, "People have choices and it is our job to try and make sure that the choices made are good ones as far as possible".
- ☐ We found that people had been involved in their care plan and their views had been heard.
- ☐ Staff told us that care plans were updated in the event of any changes, with one staff member telling us, "Care plans tell us what we need to know, it gives us guidance".

Respecting and promoting people's privacy, dignity and independence

- ☐ One person told us, "The staff are kind and they care about me keeping my dignity. My carer thinks about sparing any blushes". A staff member told us, "When I shower a person I make sure that they are covered when they need to be and I am always professional in my approach. I tell people what I am doing and make sure they are happy".
- ☐ We found that people's independence was encouraged, and care plans noted that people should be encouraged to do what they were able to, with support from staff. One person said, "I am independent, but I couldn't stay in my own home without the support I receive from my carer, without them I would have lost my home". A staff member told us, "We encourage people to do what they can for themselves."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ Care plans were in place and these included, but were not limited to; cognition, personal care, medical condition, mobility and nutrition.
- ☐ We found that care plans held a person's life history and gave an insight into their likes, dislikes, hobbies and interests.
- ☐ Staff spoke of people's daily care needs in a knowledgeable manner.
- ☐ We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records. Where one person had sight loss they told us that information was provided verbally and in an adapted version which suited them.

Improving care quality in response to complaints or concerns

- ☐ Although there was a complaints procedure in place, no complaints had been recorded. The registered manager told us that no complaints had been received and people using the service we spoke with reinforced this.
- ☐ One person told us, "I am very optimistic that [registered manager's name] would respond positively if I complained. I haven't complained, but I have asked questions and he has always been very forthcoming in his responses."

End of life care and support

- ☐ The registered manager told us that end of life plans were not currently required, but if they were they would be put in place.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- ☐ We found that the Registered Manager did not have a comprehensive oversight of the service. During the inspection we requested to see risk assessments for people using the service, however we found that only a small number of very basic risk assessments with little detail were available to view. The Registered Manager was unable to evidence appropriate risk assessments and so we requested that risk assessments be compiled that day and taken to people's homes so that any risk could be managed safely. Despite lengthy discussions in relation to our concerns during the inspection, at no point did the Registered Manager reassure us that these risk assessments were in-fact in place in people's homes or offer to send us copies. The Registered Manager agreed to our request to compile the risk assessments and place them onsite, so staff had access to them. Since the inspection the Registered Manager has contacted us to inform us that the more detailed risk assessments were kept within people's home at the time of the inspection. This means that the Registered Manager did not have the information we required during the inspection and did not have a comprehensive overview of the risk assessment process.
- ☐ We found that people using the service were familiar with the registered manager. One person told us, "[Registered manager's name] sees a human behind the disability. When others wouldn't give me a chance, he did."
- ☐ We found that staff were supported by the registered manager and one staff member told us, "I am supported very well by the registered manager, he is very good".
- ☐ Staff told us that they understood the whistle-blowing policy and would use it if they felt the need. A whistle-blower exposes any information or activity deemed not correct within an organisation. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- ☐ We saw that feedback had been taken from people using the service and this was in the form of a questionnaire. Questions included and were not limited to; understanding care needs, providing services, staff arriving on time, following correct procedures and managing medicines. We saw that all feedback given was rated as excellent and that people were 'completely satisfied'. The registered manager told us that people were given the outcome of the feedback verbally as they were in such small numbers and that the feedback allowed the service to learn from what people were happy with or where things could be improved.
- ☐ We saw minutes from recent staff meetings and staff told us they attended meetings on a monthly basis. We saw the most recent meeting discussed staff action in emergency situations, audits of communication records and staff working hours.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the provider had a process in place to notify us and the local authority of specific concerns as required by law. However, we found there had been no incidents recorded which could be deemed notifiable. People spoken to did not raise any concerns.
- One person told us, "The organisation has a fresh attitude, it is the best service I have ever used, much better than any others." A staff member told us, "I would definitely recommend this service to people. I work here and elsewhere and if I had more hours here, I would absolutely give the other job up".

Continuous learning and improving care

- The registered manager told us how they had learnt from people's needs. One person had been previously deemed as having highly complex needs and found it hard to find a care provider, but the registered manager told us they made sure that they knew everything they could about the person before agreeing to care for them, so they could ensure the right carers with the right skills were in place.

Working in partnership with others

- The registered manager told us of how they worked with professionals to share required information to ensure people's wellbeing and we saw contact with professionals was recorded, for example where people received specific healthcare.