

New Hope Specialist Care Ltd

New Hope Care Leicester

Inspection report

118 Bull Head Street, Wigston, Leicester
Tel: 0116 2886974
Website: www.newhopecare.com

Date of inspection visit: 2 February 2015
Date of publication: 28/05/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 2 February 2015 and was unannounced. New Hope Care provides personal care to people in their own homes. At the time of the inspection, 17 people were using the service. The service provides care to people with a range of conditions including dementia, physical and learning disabilities.

A registered manager was in post. 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 and associated Regulations about how the service is run.

There was a risk that people could receive inappropriate or unsafe care and support as risks associated with people's health conditions had not always been assessed.

Safe recruitment procedures were not always followed. This meant that there was a risk that unsuitable staff would be employed at the agency.

Staff received an induction when they commenced work and on-going training and support. Staff were knowledgeable about people's needs and preferences. However some staff recognised that they required more in depth training about certain health conditions in order to meet people's specific care needs.

Summary of findings

People told us that they were happy with the care and support they received, that they had been involved in the development of their plans of care and that care was provided at the agreed times.

People said they received their medicines at the right time.

People told us that they felt safe with staff, who had received training on how to protect people who used the service from abuse or harm. Staff demonstrated that they were aware of their role and responsibilities in keeping people as safe as possible.

People who used the service and relatives told us they found staff to be caring and respectful. They told us that they received care and support in the way they preferred, however details of people's preferences and daily routines was not always recorded in their plan of care.

People told us that staff obtained their consent before care and support was provided. However, staff were not aware of the principles of the Mental Capacity Act 2005 to enable people's best interests to be met, should the need for this arise.

People told us that staff supported them so that they were provided with meals and drinks of their choice.

The registered manager understood their responsibilities and demonstrated a commitment to providing quality care. Further development of the provider's quality assurance systems were needed to further ensure people's safety and that their needs were being met.

The registered manager gave staff opportunities to share their views about how the service was run. People were confident to raise any issues, concerns or to make complaint.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was not consistently safe.

There was a risk that people could receive inappropriate or unsafe care and support as risks associated with people's health conditions had not always been assessed.

Safe recruitment procedures were not always followed.

People told us that they received their medicines at the correct time, however improvements in relation to medication recording was needed.

There were sufficient numbers of staff available to meet people's care and support needs.

People told us they felt safe with staff from the agency.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff obtained people's consent before supporting them, however they had limited understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, which had been put into practice to ensure people's human and legal rights, were respected.

People were cared for by staff that had received an induction and on-going training. However further training was needed in relation to specific health conditions.

People were supported to access health care services

People's nutritional needs were met.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives told us that staff were kind and caring, treated them with dignity and respected their choices. Staff showed consideration for people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



Is the service responsive?

The service was not consistently responsive.

Information about people's preferences was not recorded within their plans of care, however, people told us that they received care and support in the ways they preferred and met their needs.

Requires improvement



Summary of findings

People were encouraged to make comments about the quality of service provided. Complaints were investigated and people felt confident that their concerns were listened to and acted upon. However people were not always made aware of the outcome of issues raised.

Is the service well-led?

The service was not consistently well-led.

Staff told us the registered manager provided good support to them and had a clear vision of how quality care was to be provided to people.

People told us that the management listened and acted on their comments and concerns.

Further development of the systems in place to assess and monitor the quality of care provided was needed.

Accidents and incidents were recorded and the provider had notified us and the relevant authorities of the majority of incidents and significant events that affected people's health and safety, as required by law.

Requires improvement



New Hope Care Leicester

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 took place on 2 February 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we received since the last inspection including information we received from the safeguarding team from the local authority. We also reviewed notifications we received from the agency. Notifications are changes, events or incidents that the provider must tell us about.

During our inspection we went to the office of the agency and spoke with the registered manager and a field supervisor who supervises care staff who provide care to people. We reviewed the care records of five people that used the service, reviewed the records for four staff and other records relating to the management of the service. After the inspection visit, we undertook telephone interviews and spoke with five people that used the service, relatives of two people who used the service and three care staff.

Is the service safe?

Our findings

Assessments were undertaken to assess the health, care and support needs of people. However, they did not include risk assessments for important issues such as diabetes, choking risks and epilepsy. For example, there was no information in place to assist staff to provide appropriate food for a person using the service who had diabetes. Another plan of care stated the person needed a soft diet. There was no information to constitute what this would mean in practice, therefore there was a risk that inappropriate food could be given to the person with a potential risk of choking. There was also no information for staff to follow should they need to support a person who had epilepsy if they should experience a seizure. Staff had not undertaken detailed training about people's specific health conditions and the risks associated with these. This demonstrated that measures were not fully in place to deal with the risks to people's health. There was a risk that inappropriate or unsafe care could be provided and people's care and support needs not met.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at five staff records. We found suitable recruitment procedures and checks had been undertaken before staff commenced employment for two out of the five records. However, we found that risks associated with staff members' suitability to work with people who used the service had not always been assessed thoroughly. In addition, within two of the five staff records checked we found only one reference for each person. This demonstrated that the provider did not have robust recruitment procedures in place and did not ensure people's suitability to work with people using the service.

This was a breach of Regulation 21 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives we spoke with told us they felt safe with staff that provided care. One person said "My wife does feel very safe." Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff spoken with were knowledgeable in recognising signs of potential abuse.

Staff were aware of the reporting process for any accidents or incidents that occurred. This meant that relevant agencies could monitor whether the service had acted appropriately to protect people's welfare.

There were enough staff available to provide care and support at the times people needed. People who used the service told us that staff arrived at the agreed times and that they had not been any occasions when the care workers had not arrived. The manager told us that on-going staff recruitment was in place and that office staff who had experience in care covered any staff shortages.

People who needed assistance with the administration of their medication told us that staff provided support with this at the agreed times. One person said; "Yes, I get all my medication."

Staff had undertaken training about the administration of medicines. Most medication records we saw had been completed accurately, however we found two instances where medication had not been administered but there was no record of explanation as to why this was the case. We discussed this with the manager who told us that they would follow this issue up.

Is the service effective?

Our findings

People who used the service told us that they felt that staff had sufficient skills and experience to support them and that their care needs were met. One person said: "The skills are good."

The staffing records we looked at and the staff we spoke with showed that most staff had previous experience of working in health and social care settings and all staff had completed an induction programme which covered essential issues to be able to provide care to people. New staff worked alongside experienced staff members before they could work on their own, in order to ensure that they were competent in undertaking the role.

The manager who provided us with a programme of training that staff had received related to their roles and responsibilities. This showed that staff had received training on essential topics such as moving and handling, infection control, health and safety and medication. End of life care training was also being arranged for staff later that month.

We found that not all staff had undertaken training in all of the issues required to meet people's specific care and support needs. Whilst most staff we spoke with said they had received the training they required to provide care to meet people's needs, two staff members told us that they wanted further training on medication and people's health conditions. There was some information available to staff about health conditions people had such as diabetes and epilepsy, to ensure that staff had some awareness of these issues. We discussed this with the manager who told us that they would look to provide detailed training about specific health conditions.

The manager told us that all of the people who were using the service at the time of the inspection were able to make decisions about the care they received. They told us that no one lacked the capacity to do this. We asked staff about their understanding of the Mental Capacity Act (MCA) 2005. They told us that they were unsure of how to assess people's mental capacity to make decisions and the process to act in people's best interests. We discussed this with the manager who told us that they would check that staff understood their responsibilities in relation to this issue when the need arose.

People who used the service told us that they had been consulted with and had agreed to the care and support they received. This demonstrated that the staff had sought people's consent before they provided care to them. Everyone confirmed they had had been involved in setting up their care plan.

People who needed assistance with eating and drinking told us that they were satisfied with the support they received in this area. Staff spoken with had a good understanding of people's care and support needs with regards to assistance to eat and drink. Staff confirmed that at the end of care calls, they ensured people were comfortable and had access to food and drink.

People who used the service and their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. Staff told us they were also available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One staff member told us that they had contacted the district nurse about a person's health concern. This showed that staff have been proactive in obtaining the necessary professional help to promote the person's health.

Is the service caring?

Our findings

People who used the service and their relatives told us that they were satisfied with the care provided and that staff were caring. One person said: "They are caring and considerate." Another person said: "They do treat me with dignity and give me privacy if I need it." People said that care was provided at their own pace, apart from one person who thought care was rushed at times. We discussed this with the management team who said they would follow up this issue.

All the people we spoke with told us they were very happy with the communication by the agency. People told us that someone from the office visited them regularly, once a month to check they were satisfied with their care. All the people we spoke with told us that they had been involved in making decisions about their care.

People told us that staff respected their dignity and treated them well. Staff gave examples of how they would ensure people's dignity when providing personal care. For

example, closing curtains and doors when providing care. They said they would never discuss people's personal information with anyone outside the agency, so as to preserve their confidentiality.

One person said that staff promoted their independence. For example, if they felt able staff would encourage them to dress themselves. If not, staff would support them to do this. Staff gave examples of how they would encourage people's independence. One staff member said; "Sometimes people can't wash themselves all over. They can wash certain areas and we respect and encourage that."

We saw that information within the provider's staff handbook emphasised that staff should respect people, provide privacy and encourage independence. Staff told us this had been an important part of their induction when they began working at with the agency.

There was no information about advocacy services available to people. The manager told us that this would be followed up and added to the information provided to people who used the service.

Is the service responsive?

Our findings

People told us they were given choice and control to receive care and support that met their needs in the ways they preferred. They also told us that their disabilities were taken into account when care was provided. Staff told us that they always asked people what their preferences were when they were delivering care. They gave examples of the choices that they would give people. For example; choice of food, bathing options, where to sit and choice of clothes. People confirmed this to be the case. However, a person told us that it sometimes took time to change the care and support they received to meet their changing care needs. We discussed this with the manager who told us that they would contact the person to discuss their care.

Whilst people who used the service told us that they were happy with the care and support they received, we noted that their plans of care did not include information about what was important to them about how they wished to have their needs met. This included information about routines and preferences. We discussed this with the manager who told us that they would take action to

address this issue. Despite this, staff spoken with were knowledgeable about the people they supported. They were aware of their preferences, interests and support needs, which enabled them to provide personalised care.

Staff told us that they had received training in equality and diversity to ensure the needs of people from different cultural backgrounds were met, although at this time there were no people from minority communities using the service.

People who used the service and their relatives told us that they were aware of the provider's complaint procedure. People told us they had no problems in contacting the management team if they had a concern. One person said: "If I had a problem I would ring the office." Two people said they had previously raised concerns and that these had been resolved by the agency.

We saw records which showed that a small number of people had raised concerns about the service provided. The manager had investigated these issues. However, a letter of response had not been sent to the complainant. The manager acknowledged this would provide essential information to the complainant about actions taken in response to the issues raised and said this would be carried out in the future.

Is the service well-led?

Our findings

People told us they thought the agency was well managed. They told us that the timings of their care calls were correct except for one person who told us that the call times on their rota had been incorrect on one occasion.

The registered manager had been in post since 2013. The staff we spoke with said they received good support from this person and from the office management team. They told us that they were approachable, available and took time to listen to them if they had any concerns. One staff member told us, “The manager is excellent. She is always there for us.”

Staff also told us that the registered manager was a strong leader who promoted the provider’s aims and objectives. This was that people who used the service should be treated respectfully and with dignity at all times and their rights should always be protected. The manager checked this was the case by carrying out ‘spot checks’ of staff whilst supporting people in their own homes.

We saw that staff supervision took place. Supervision gave staff the opportunity to review their understanding of their core tasks and responsibilities. Discussions about training needs were held, to aim to ensure that staff had the appropriate skills and knowledge to support people who used the service.

The management team monitored the quality of the service by speaking with people on the telephone to ensure they were happy with the service they received. Records showed that this was taking place and that positive feedback had been obtained from people about the quality of service they received.

We noted that service satisfaction questionnaires had not been sent to people who used the service in order to obtain their views on the quality of service received. We discussed this with the manager who told us that these had not been sent out previously but was planning to do this.

‘Spot checks’ to review the quality of care and support provided were also carried out by senior staff. People who used the service and staff confirmed that these checks took place. One person said: “They come round regularly.” Another person said: “Yes they come round, and talk to me and my Mum.” A record of ‘spot checks’ was available. The record for a small number of people identified that staff had been late for visits. However the outcome of these checks had been judged as ‘good’ or ‘fair’. The manager said that if a person had not received care at the agreed time the outcome should not have been judged as acceptable. They advised that they would address this issue with the staff undertaking the ‘spot checks’ in order to ensure proper recording and action as necessary in the future.

Systems were in place so that the management team checked the quality of service provided. For example, monthly checks on care and medication records were undertaken. We noted that further development of the quality monitoring system was needed, for example, checks of staff recruitment records had not identified the shortfalls noted during this inspection. There were no checks on other issues such as staff training. We discussed this with the manager who told us that they would follow up this issue.

The provider had a whistleblowing policy. Care workers spoken with were aware of this so that they could contact relevant outside agencies if they had a concern about the running of the agency.

Accidents and incidents were recorded and the provider had notified us and the relevant authorities of the majority of incidents and significant events that affected people’s health and safety, as required by law. However, we noted that the provider had not notified us about two safeguarding incidents that had occurred during 2014. We discussed this with the manager who assured us that notifications of all changes, events and incidents would be sent to us in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured the safe and effective operation of recruitment procedures.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not protected people against the risk of inappropriate or unsafe care.