

Precious Hope Health & Home Care Ltd

Precious Hope Health and Home Care

Inspection report

Moulton Park Business Centre
Redhouse Road, Moulton Park Industrial Estate
Northampton
Northamptonshire
NN3 6AQ

Tel: 01604644462

Website: www.precioushopecare.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Precious Hope Health and Home Care provides care and support to older people and people with a learning disability living in their own homes. At the time of our inspection the service was supporting 28 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

Improvements were required to the monitoring of the safety and quality of the service. Day to day oversight was in place, however, monitoring of themes and trends to drive improvement were not in place.

People knew who to speak with if they had any complaint or concern. There was a complaints procedure in place so any complaint would be dealt with appropriately. However, relatives told us they regularly had to raise concerns with the manager about some aspects of care and support; but felt it was addressed appropriately.

People received care from a regular team of staff who had received the training and support required to carry out their roles. Staff knew how to keep people safe from abuse or harm. Safe recruitment practices were in place.

People received their prescribed medicines safely and there were effective practices to protect people from infection.

People's needs were assessed before they used the service. Risks to people's health were assessed and plans were in place to reduce any risks identified; these were reviewed regularly to ensure staff knew how to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 November 2021).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 changed to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Precious Hope Health and Home Care on our website at www.cqc.org.uk.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Precious Hope Health and Home Care

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 completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

There was also a branch manager in post who managed the location on a day to day basis. We refer to this person as the manager in the report.

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 24 February 2023 and ended on 1 March 2023. We visited the location's office on 24 February 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 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 3 relatives of people using the service, about their experience of the care provided. We spoke with 4 members of staff including the manager, senior care staff and care staff.

We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. We viewed multiple records of the call monitoring system and a variety of records relating to the management 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 for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to establish recruitment procedures to ensure staff were safely recruited. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had made improvements to the recruitment process. This ensured applications forms evidenced previous employers, gaps in employment history were explored and references were sought to ensure staff were suitable to undertake the roles they had applied for. The provider followed safe recruitment processes through relevant pre-employment screening and checks. This included completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- We found sufficient staff were deployed to maintain people's safety and meet individual needs. Call logs evidenced that when a person required 2 staff to support them, 2 staff attended the call. Staff arrived on time and stayed the allocated amount of time to meet people's needs.
- People knew which staff were supporting them for each support call. A relative told us, "It's always the same small team staff who visit; we know them all."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider had policies and procedures in place to safeguard people from abuse. Staff completed body maps when an injury occurred. This is to ensure it is clearly identified on what part of body the injury has occurred and the size of the injury to help staff to monitor any changes. The manager understood the need to investigate any unexplained injuries.
- Staff recorded the tasks they supported people with, in line with the providers procedures.
- People felt safe with staff. One person told us, "I have no concerns with the staff, I feel safe with them."

Assessing risk, safety monitoring and management

- People were provided with safe care because the risks associated with their care needs had been assessed and plans put in place to reduce risk.
- People and relatives told us they felt staff provided safe care and knew how to reduce risks to people's safety. Relatives told us they felt staff provided care in a way that reduced the risk of harm.

- Actions to reduce risks were identified in people's care plans. This included nutritional and pressure ulcer risks. We reviewed the re-positioning charts of people who were at risk of developing pressure ulcers and saw they had been re-positioned in line with their care plans. This helped to ensure people remained safe.

Using medicines safely

- Medicines were managed safely. People received the medicines they needed in a consistent and safe way.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medicine administration records (MAR) were completed and signed appropriately on the electronic recording system. Medicine records contained relevant information including any allergies, how, when, why and the dosage of people's medicines.
- When people needed medicines on an 'as needed' basis, protocols for staff to follow were in place.

Learning lessons when things go wrong

- The provider had learnt lessons from the previous inspections and made improvements based on feedback.
- The provider had listened to staff feedback about training and had invested in an external training organisation to deliver more face to face training for staff. One staff member told us, "The face to face training is so much better than on-line training."
- Lessons were learnt from accidents and incidents and shared with the staff team. For example, on one occasion, staff did not follow the providers procedure for actions to take if a person did not answer their front door. The person was not at risk of harm, however the correct procedure was not followed. Staff were reminded of the correct action to take in a staff meeting.

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. At this inspection the rating 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to demonstrate the oversight and governance of the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had systems and processes in place to ensure good oversight of the service on a day to day basis. However, audits were not completed to identify patterns and trends to drive improvement. The provider was in the process of implementing monthly audits to improve the oversight of the quality and safety of the service. These would require embedding into the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. However, people and their relatives told us although issues get resolved, there is always another issue or concern. One relative told us, "The manager is responsive and addresses our concerns, but the next day there is another issue. It feels like I am constantly feeding back concerns." We were assured by reviewing concerns that had been raised, the provider and manager dealt with them appropriately.
- The provider completed spot checks on staff to ensure the care delivered was of good quality and staff were following procedures. One staff member told us, "We undertake spot checks regularly to ensure staff are following care plans, administering medicines safely and observe any moving and handling."
- The provider was aware of their roles and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported.
- Staff felt supported within their roles. Staff received regular meetings and supervisions to share information and raise any concerns. One staff member told us, "I feel supported with my role as I get training and supervision is completed every three months. The manager and provider is really supportive."

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 service apologised to people, and those important to them, when things went wrong.
- The provider and manager were clear about their responsibility to be open and transparent in line with their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns not acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. We found improvements had been made since the last inspection.
- The service worked well in partnership with relatives and health and social care organisations, which helped to ensure people received care and support appropriate to their assessed needs.
- The manager was engaged and open to the inspection process and remained open and transparent throughout.