

Hope Homecare Services Limited

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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?

Good ●

Summary of findings

Overall summary

This inspection site visit took place on 03 November 2017 and was unannounced.

Hope Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Hope Homecare receives a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' such as help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 54 people received support with their personal care.

The service had a registered manager 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 2008 and associated Regulations about how the service is run.

When we previously inspected the service on 12 August 2016 we found that the care and support people received was not always safe. People's consent and principles of the Mental Capacity Act 2005 were not always followed by staff and the providers governance systems were not always effective to identify and improve shortfalls. Following the inspection the registered manager submitted an action plan which detailed how they were going to implement and sustain the necessary improvement.

At this inspection we found that the provider and the registered manager had made the necessary improvements to ensure people received care and support in a safe, effective and personalised way.

The provider implemented a multi-functional care management system called PASS. The system had multiple functionalities and enabled the registered manager and the provider to run an effective and safe service. The system enabled staff to access people's electronic care records and also provided effective rostering and call monitoring data for the provider. Care staff used their phone which was password protected and enabled them to access and review information as well as to complete daily log notes.

People told us they felt safe with the care and support they received from the staff. Staff had been trained and appropriately supported to carry out their roles effectively. They knew how to safeguard people from avoidable harm and about the potential risks and signs of abuse. Risks to people's health, well-being or safety were assessed and regularly reviewed to take account of people's changing needs and circumstances. There were enough staff available to meet people's needs and safe recruitment practices were followed to help make sure that staff were suitable for the roles they performed. People who needed staff to administer their medicines had these in time and staff followed best practice guidance when supporting people to take their medicines.

Staff took appropriate actions to protect people from the risk of infection by using appropriate personal protective equipment (PPE) when supporting people with personal care. The registered manager and the provider demonstrated an open culture of learning from complaints and previous shortfalls identified.

People told us they were asked for their permission before staff assisted them with care or support. Where people were able they signed their own care records and they could access these on line or in a paper format. Where it was appropriate people`s relatives were involved in their care and staff followed the principles of MCA to help ensure the care and support people received was in their best interest.

People and their relatives told us that the staff providing care and support to people were kind and compassionate. Staff respected people's dignity and encouraged them to remain as independent as possible. People received care, as much as possible, from the same care staff or team of care staff members. People had regular opportunities to feedback about the service and to participate in reviews of their care and support needs.

People and their relatives felt that the registered manager was approachable with any concerns. All the people we spoke with told us that they felt that Hope Homecare was well managed and said that they would recommend the service to other people. The provider demonstrated a good knowledge of the staff they employed and people who used the service. Staff told us that the management team was approachable, supportive and that they could talk to them at any time. There was a programme of checks undertaken routinely to help ensure that the service provided for people was safe.

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.

Systems were in place to alert staff and the registered manager at the earliest opportunity of any late or missed care calls.

People felt safe and were supported by staff who had been trained to recognise and respond effectively to potential abuse.

Risks to people's health and wellbeing were identified and assessed, with appropriate actions taken to minimise risk of harm.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Staff protected people from the risk of infections by following universal precaution procedures.

People's medicines were managed safely and effectively by trained staff who had their competencies checked regularly.

Is the service effective?

Good ●

The service was effective.

Staff were provided with appropriate training and support to help them meet people's needs effectively.

People's consent and permission was obtained before care and support was provided. Where people were unable to make decisions relating to their care the service followed the requirements of the Mental Capacity Act 2005 to ensure the care people received was in their best interest.

Staff supported some people at mealtimes to have food and drink of their choice.

People were supported to meet their day to day health needs and to access health care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were fully involved in the planning, delivery and reviews of their support.

Support was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People had an assessment of their needs prior to care commencing and their care was reviewed regularly to ensure their needs were constantly met.

People and their relatives where appropriate, had been involved in developing people's care plans.

People told us that staff supported them to pursue their own interests or pursuits, and would willingly take on additional tasks when required.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the registered manager and the provider by name and felt that they were approachable with any concerns.

All the people we spoke with told us that they felt Hope Homecare was well managed, well run and that they would recommend the service to other people.

The provider demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Staff told us that the registered manager and senior staff team was approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help ensure that the service provided for people was safe.

People were given regular opportunities to provide feedback about the service they received.

The service worked in partnership with other health and social care professionals involved in people`s care to ensure the care people received met their needs fully.

Hope Homecare Services Limited

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 was undertaken by two inspectors and was unannounced.

This inspection activity started on 03 November 2017 and ended on 14 November 2017. The inspection process included speaking on the telephone with a sample of people who used the service, relatives of some people who used the service and some staff members in order to obtain their views.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, one relative, four staff members and the provider. We looked at four people's care records and four staff files. We reviewed other documents including audits and records relating to the management of the service. Prior to our inspection we sought the views of the local authority's contract monitoring officers and reviewed feedback from social care professionals.

Is the service safe?

Our findings

When we last inspected the service we found that people`s medicines were not always managed safely. Medicine administration records (MAR) were not accurately completed and people were not always receiving their medicines as intended by the prescriber.

At this inspection we found that people received their medicines from staff who were trained and followed best practice guidance when administering people`s medicines. MAR charts were kept electronically part of people`s care records. When staff administered people`s medicines they signed the MAR charts electronically. In case staff had not completed this task an instant alert was generated by the system which alerted the office. When people had new medicines to take this was promptly addressed by staff e-mailing the office with a picture of the prescription instructions which were instantly introduced in the system. One person said, "They [staff] put the medication on my feet, if they give me something new, they keep a record, I am very happy."

People and relatives told us they felt the service they received was safe and met their needs. One person said, "Safe, oh yeah I feel very safe, I have had agencies put through by social services and it was a different carer every day, they were useless, but since Hope Homecare they have been excellent." Another person said, "The [staff] are very good. I feel safe."

Staff had received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. We found that safeguarding was discussed in staff meetings where staff were reminded what, how and when it was expected from them to report issues. Staff were also reminded about the whistleblowing procedure and how to report their concerns to external safeguarding authorities.

Potential risks to people's health, well-being or safety were assessed as part of the assessment carried out prior to people starting the service and reviewed at regular intervals to take account of people's changing needs and circumstances. The provider told us and people confirmed that identified risks were discussed with them in relation to their individual rights to take risks and balancing potential risk with their choices. Risk assessments were in place for such areas as the environment, moving and handling and medicine administration. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

People told us staff arrived at the agreed times and rarely when they were late they were notified. The electronic system used by the provider monitored the arrival and departure time of staff. The provider told us that the system was 'set' to notify them if staff have not arrived within 10 minutes of the planned time. This avoided 'missed' visits as office staff were able to contact the care staff to establish why they have been delayed and notify the person. One person told us, "They [staff] are punctual." Another person said, "They [staff] come in time and they call me if they are a bit late. It is the traffic on the roads which delays them at times. But it's no problem they always turn up."

We found that there were sufficient staff employed to meet people's needs. Rotas' were planned ahead and shifts were covered. We saw that the registered manager and the provider regularly covered shifts when staff were on leave. Visits were assigned geographically to reduce travel time in between visits. One person told us, "[Name of registered manager] came to me this morning, and has been for the last ten days or so."

People were supported by staff who had undergone a robust recruitment process. Recruitment records demonstrated they had complete employment histories, together with a criminal records check and references. The provider had carried out a comprehensive selection procedure that included a form of selection test to check staff knowledge around care prior to offering them a post. This helped to ensure that staff employed were of sufficient good character and suitable for the role they performed.

Staff took appropriate actions to protect people from the risk of infection. Staff members had received training in the control and prevention of infection and stocks of hand gels and protective clothing such as aprons and gloves were used. Staff were reminded in staff meetings about the importance of hand washing and the use of protective equipment.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided by Hope Homecare was appropriate to meet people's needs. One person said, "The staff seem very good, know what they are doing. They know what I want, what I require and do everything." A relative of a person who used the service told us, "From a lay person's point of view, it seems to me he is kept and looked after well."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff told us they received training and regular updates in topics like moving and handling, infection control, safeguarding and food hygiene. However the provider told us they were planning to develop staff's understanding more about more specialist subjects like dementia. One staff member said, "Training is very good. I have [national vocational training], however I still receive refresher trainings." Another staff member said, "I think the training offered is very good. It helps me know what I am doing."

Staff completed an induction when they commenced employment with Hope Homecare. The induction programme was aligned with the Care Certificate framework and included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of time where newly recruited staff members worked alongside more experienced staff until the staff member felt confident to work alone. This also served to introduce new care staff to people who used the service. One newly employed staff member said, "I received induction training and I worked with the [registered] manager and other more experienced staff until I was ready. They observed how I worked and asked me if I need any more training before I could work alone."

The provider and staff confirmed that there was a programme of staff supervision in place and regular staff meeting. All staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. One staff member said, "The managers are very good. I can talk to them any time. They make time for me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

The provider demonstrated a good understanding of when it was necessary to involve people's relatives and health and social professionals in making best interest decisions on behalf of people with limited capacity to make meaningful decisions. People confirmed to us that staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care or specific carers. Care records showed that people, where able, had signed to give their consent to the care and support provided. The service recorded when people had appointed lasting power of attorney's to support

them when they did not have capacity themselves. One person told us, "When there are changes to my care they write in it this little book and ask me what I think. They always check what I want and need when they come."

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made simple snacks as requested. One person told us, "Before they leave they fill up my orange squash and leave me a snack."

People were supported to access additional healthcare services where required. Staff told us they at times regularly referred people to services such as the GP and district nurse, and followed the instructions given to them. People and their relatives told us they appreciated that staff paid attention to detail and quickly identified if people needed input from other professionals. One relative told us, "They [staff] are very good at picking up any health problems. For example [person] had a sore eye, they picked that up, and also when [person] had difficulty getting into their slippers due to swelling. They told us and we called the doctor, and it was managed."

Is the service caring?

Our findings

People, and their relatives, told us they were satisfied with the staff that provided their care. They told us they appreciated that there was continuity of staff and people saw familiar faces daily. A person said, "The three [staff] I have are very good, they are very friendly, and know how I like things done." Another person told us, "They [staff] are very nice and kind. I mainly have the same ones but sometimes [Name of registered manager] comes to give me care. We have a good chat." One relative said, "They are familiar faces, it is not one of these high turnover situations, I think there are four people we see regularly. The carers care about [person] and he is always pleased to see them."

Staff had developed positive and caring relationships with people they clearly knew well. People received care, as much as possible, from the same care staff or team of care staff members. People told us that they were relaxed and comfortable to approach and talk with the staff that provided their care.

People told us that staff respected people's dignity and made sure that they supported them in the way they wished whilst encouraging them to remain as independent as possible. A person who used the service said, "With Hope Care I find them excellent, doors closed even though there is no one else here, I have had a lot of builders in lately and they make sure one of them can't just walk in when I am getting dressed." A relative told us, "They [staff] are very good on keeping tabs on how [person] is, they deal with [person] more intimately than we [family members] do and keep us informed."

People's care records were stored electronically and password protected. The provider issued individual passwords for staff, people and other relevant professionals to access the system if there was a need for it. People knew about their care plans and told us that the registered manager or a senior staff member regularly asked about their care and support needs so their care plan could be updated as their needs changed.

People and their relatives told us they had been fully involved in deciding the type, frequency and duration of the care provided. They told us that their preferences had been sought and were respected. One relative said, "With reviews, I just had a call the other day as [person] is due for a review, but we [family] put that off until we are all together. They [staff] definitely listen to what we want and give good advice."

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care needs were reviewed regularly to help ensure the care plans continued to meet people's needs. We saw that people's relatives were involved with review meetings where appropriate.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example one care plan we viewed stated, "I am still independent and like to do things on my own. I do try to give myself a wash and prepare drinks for myself. However, as my eyesight is very bad, please ensure you assist me when you see fit."

Staff demonstrated that they were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People told us that their care was arranged around their wishes and needs. For example, one person told us that they had discussed a change to their care with the registered manager and they were satisfied with the change.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. People and relatives told us the service was flexible and met people's needs. One person told us, "They [staff] are flexible and they always ask what else can they do for me. They asked me a whole bunch of questions about what I wanted when I started and regularly since then. It is lovely to have such a good service." One relative said, "They [staff] are punctual. [Person] has two mornings where they go to day centre and that works very well, Hope know it helps if they come at a certain time to make sure [person] has had breakfast and what not."

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. For example one person said, "I have spoken to [provider] on several occasions, any concerns they are on it." One relative told us they were very satisfied with the service provided said and had nothing to worry about. We reviewed records of complaints received by the service and found they had been responded to in a timely manner and investigated thoroughly. The management team worked closely with complainants to make sure that they were satisfied with the outcomes.

Is the service well-led?

Our findings

When we previously inspected Hope Homecare Ltd we found that the provider did not have effective systems in place to effectively monitor that people received safe care and support. They also failed to ensure that the MCA principles were followed in case people lacked capacity to take certain decisions. Governance systems were not effectively used to monitor and improve the quality of the care people received. At this inspection we found that the provider implemented a new management system which enabled them to make the necessary improvements and ensure that the care and support people received was effective.

People and relatives told us that the service they received improved in the last year and there were very few problems which occurred from time to time. One relative told us, "They [management] have introduced a digital update system, which helps them be more on top of any changes; the carers can read it on their phones, which have helped a lot. Over the past twelve months, there were hiccups, but they have put that right, I can now count on one hand where we have had a problem. There has only been once instance in the last twelve months where a carer has not turned up, but we [family] knew about it so we could deal with it."

Hope Homecare is a family run business where the registered manager and the provider worked closely to ensure people received good care and support. The service had a registered manager in post and a nominated individual who was also the provider working at the service. People who used the service knew the registered manager and the provider by name and felt that they were approachable with any problems. One relative told us, "We have a lot of time for [registered manager and provider]; we are like a founder member being here from the start. We get on with them both; they are very responsive, visible and attentive."

All the people we spoke with told us that they felt that Hope Homecare was well managed well run and that they would recommend the service to other people. One person said, "I am happy with everything. I would not hesitate recommending them."

We saw cards from relatives and e-mails from professionals thanking staff and management for the care and support they gave to people. One professional wrote, "Thank you for being so proactive with [name of person]; I have not had the pleasure of commissioning your agency before. I am delighted with your input in this new client." Another professional wrote, "I would like to express my great thanks and appreciation to your entire staff who supported [name of person]. Thank you to the cares for their level of professionalism and the warmth, attention and devotion that they displayed to [Person] as well as to the rest of their family."

At the time of this inspection the registered manager was supporting people in the community and the provider offered us the support to carry out the inspection. They demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships.

Staff told us that the registered manager and senior staff team was approachable and that they could talk to them at any time. Staff told us that there were regular staff meetings held to enable them to discuss any

issues arising in the service.

There were a range of checks undertaken routinely to help ensure that the service provided for people was safe. Spot checks were carried out by the registered manager, provider and senior staff at people`s homes when the care staff were providing care and support. They looked at how staff interacted with people, infection control procedures, medicines and other aspects of the care delivery. We noted that where issues had been identified through this system of audits they were immediately addressed with the staff present and also follow up visits were carried out to ensure staff had learned the correct way of delivering care and support to people. For example on a spot check visit the registered manager found that staff were not wearing a protective apron when preparing food for people. They informed the staff by explaining the reasons for using aprons and they also carried out a follow up visit a few weeks later to ensure the staff member followed their guidance.

People told us that they had regular opportunities to give feedback about the service directly to the registered manager or to the provider when they visited them or via surveys. One person said, "[Name of the provider] has contacted me on a few times to check I am happy."

We found that the registered manager and the provider built good communication avenues with health and social care professionals to ensure people received seamless care and support from each agency involved in their care. One professional wrote, "I was impressed with the level of consistency of the feedback that I would receive via e-mails from yourself and your team. This was crucial [for person to receive care and support which met their needs]."