

Precious Hope Health & Home Care Ltd

Precious Hope Health and Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Precious Hope Health and Home Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 19 people were receiving support with personal care.

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

There was a lack of oversight and governance systems to ensure people received a safe service. Systems that were in place were not implemented effectively and audits had not effectively identified concerns with the service. Systems in place to safeguard people from abuse had not been followed in a timely way.

Records relating to people's risks and care needs were incomplete and contained misleading information. As a result, staff did not receive all the information and guidance they required to provide care that met people's needs. Medicine records were incomplete, and the administration of people's medicines was not consistently recorded.

Improvements were required to the timing of people's care visits. Recruitment records required review to ensure the provider had the information needed to provide assurance that staff were suitable to work in the service.

People provided positive feedback about the regular staff who provided their care. They told us they received the care they required.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People felt listened to and their views were acted upon.

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.

Staff understood infection control requirements and worked in a safe way to limit the spread of infection.

The provider was aware that improvements were required to the service. They were implementing new systems and were working with commissioners to make the improvements needed.

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

Rating at the last inspection

The last rating for this service was good (published 2 December 2017).

Why we inspected

We received concerns in relation to the quality, safety and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 as part of our regulatory functions. This inspection checked 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.

Inspection team

This inspection was carried out by 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.

Service and service type

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

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 September 2020 and ended on 17 September 2020. We visited the office location on 15 September 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service, including statutory notifications the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people at Precious Hope Health and Home Care.

During this inspection

We spoke on the telephone with four people and seven relatives. We also spoke with six staff, including care staff, a care co-ordinator and the registered manager.

We looked at the records of four people including care plans, risk assessments and records of care provided. We also examined multiple medicines records and records relating to the management and running of the service. These included four staff recruitment files and quality monitoring audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information about people's care needs, staff training information and staff rotas.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not consistently developed to provide staff with the information they needed to ensure people's care was provided safely. Where assessments had identified people were at risk of pressure sores and choking, care plans did not provide staff with enough guidance to support people to mitigate these risks. Where people required equipment to maintain their safety and wellbeing there was insufficient information available for staff on how to provide their care.
- Some risk assessments had been scored incorrectly. This meant the level of risk to the person was assessed as too low and no care plan was implemented to guide staff in providing the person's care.
- Care plans and risk assessments were not reviewed in a timely manner. Where staff had fed back to the registered manager that people's needs had changed their care plans and risk assessments had not been updated.
- People's care records did not always reflect what staff had done to support people to minimise risks. For example, where people needed support to reposition, staff did not record enough information about the care provided. For example, staff did not always record the position they had supported the person to move to, this meant other staff did not have the information they needed to provide the person's care.
- While care records did not support safe care, people received safe care from staff who knew their needs well. However, the lack of detailed care records put people at risk of receiving unsafe care when regular staff were not available.

Using medicines safely

- The registered manager had not ensured that best practice was followed in the recording of medicines administered to people. Medicines administration record (MAR) charts did not support the safe administration of medicines, they lacked details such as the strength, dosage and frequency of the medicine. They did not contain information about who had entered the information onto the chart, and they had not been checked for accuracy. This increased the risk of medicines not being administered to the person in line with their prescription.
- Staff did not consistently sign for medicines they had administered. The action taken to improve the quality of recording of medicines had not been effective.

- We discussed our concerns with the registered manager. In response to our feedback the registered manager reviewed people's risk assessments and care plans.

Staffing and recruitment

- The system to monitor care visits and ensure people received their visits as agreed was not used effectively. We reviewed call monitoring records for the seven days prior to the inspection and saw on several occasions people's care visits did not occur at the time planned, or for the commissioned duration. One person's care notes recorded they had missed a care visit and their relative had provided their care. Due to the lack of consistency and oversight of call times there was a risk that staff would not provide care in a way that met people's needs.
- We received mixed feedback about the timing of people's care visits. Feedback included, "They have rosters on apps on their phones; they're always checking their phones and the girls will ring to say what time they're due to arrive. They may be late; they can be an hour out, but that's understandable to a degree." And, "They [staff] come four times a day; they're usually on time and [Person] knows the time they're coming." Everyone we spoke with said they did not feel rushed and staff provided everything they needed during the visit.
- The provider had not always ensured people were kept informed of which staff would be attending their care visits and at what time. The provider had stopped posting rotas to people due to the risks from COVID-19 and had written to people to explain this. However, people told us they would like to have a rota provided. One person said, "We used to have printed weekly schedules, but that's now stopped. I spoke to the girls about why it had been stopped, but they couldn't tell me... I would like to have a schedule again."
- The provider had made recent improvements to their staff recruitment procedures and a profile page had been developed in June 2020 to ensure all appropriate documents were obtained before staff began work. However, we found that audits of records for staff recruited before June 2020 had not identified anomalies with their recruitment records. For example, one person had two employment references that had both been provided by the same person.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding of vulnerable adults. Staff knew how to recognise and report any concerns about poor care or ill treatment within the organisation and were confident these would be addressed.
- The registered manager had not reported concerns to the local safeguarding authority in a timely manner. This meant there may be a delay in action being taken to keep people safe. This meant that although incidents had been reported there was a risk that there may be a delay in action being taken to keep people safe.

Preventing and controlling infection

- The system in place to prevent the spread of infection required strengthening. Out of date information relating to COVID19 had not been removed from the infection control policy in the office. Although after the inspection the registered manager told us staff had already received an electronic copy of the COVID19 policy at the time of inspection, we were not able to verify this. Although the provider had considered the assessment of COVID-19 risks to staff, these had not yet been completed.
- Staff received training in infection control and had the appropriate personal protective equipment to prevent the spread of infection. All the people we spoke with told us that staff worked in a hygienic way and wore disposable gloves and aprons when providing support with personal care.

We found no evidence that people had been harmed however, people's safety was not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The management team reviewed incidents on an ad hoc basis and used feedback from people and staff to

make improvements across the service. The provider recognised the need to implement a system to review and analyse incidents to enable patterns and trends to be identified.

- The registered manager had an action plan in place and were working with commissioners to make improvements to the service.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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; 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 provider's systems and processes for the management and oversight of the service had not been consistently implemented. The system in place to review and monitor people's care plans and risk assessments was ineffective. People's risk assessments and care plans did not contain enough information to guide staff in providing their care.
- The system in place to ensure safeguarding concerns were reported to the safeguarding authority in a timely manner had not been effective. There had been a delay between the registered manager being made aware of safeguarding concerns and escalating these appropriately. At this inspection, it appeared that we had not received statutory notifications for notifiable incidents. We are currently looking into this matter.
- Quality assurance processes were not carried out consistently. For example, telephone monitoring had not been completed with people on a regular basis. Where people raised concerns during telephone monitoring, although action was taken this was not always recorded. As a result, ongoing oversight and analysis of people's concerns to identify patterns or trends was limited.
- Audits of care logs had not been completed at the frequency required by the provider's policies. Where audits had been completed, we saw the same people's records were reviewed on several occasions meaning some people's records were not audited at all.
- Quality assurance systems had not always resulted in timely improvements to the service. The provider had recognised that completion of MAR charts required improvement. We saw records of discussions with staff about this concern from February 2020 onwards. Enough action had not been taken to drive the improvements required.
- The electronic call monitoring system gave the management team the ability to monitor people's calls and act where needed. However, this was not being used effectively and people received calls outside of the agreed times and staff did not stay for the time allocated.
- At the time of inspection, the e-learning provider used for staff training had experienced a significant loss of data and was unable to provide up to date training information for staff. The provider maintained their own training records, but these were not fully up to date. The provider was unclear what training new staff had received and the records available did not provide all the information about the mandatory refresher training staff had received.

We found no evidence that people had been harmed, however, systems were either not in place or robust

enough to demonstrate the oversight and governance of the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider was aware of issues with the monitoring of the electronic call system and people's MAR charts. A new electronic recording system was due to be implemented which would increase the ability of senior staff to monitor these.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the people spoken with provided positive feedback about the registered manager and senior staff. Feedback included, "Registered manager is very good; if I need anything, I'll talk to her. I've been talking to her recently about [equipment] for [Person] which she's helping with. I've never had to complain." And, "I'm very happy with the service. Registered manager calls me if there's a problem and if you ring her, she's on the ball straight away."
- Staff were knowledgeable about people and demonstrated they took a person-centred approach to providing care. People provided positive feedback about staff. One person's relative said, "They [staff] are efficient. [Person] has two carers who make four visits a day. They use a [equipment] to help move [Person] and they seem competent in using equipment. Some seem quite experienced; they seem to make it look easy when it isn't." Another said, "I'm quite happy with the service. The staff are cheerful, they sing the old songs with person and [they] join in. [Person] looks forward to them coming."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- The provider and registered manager recognised that improvements were needed and had begun to take the action needed to improve the service. For example. in relation to the oversight of people's care visits and the recording of medicines administration.
- Staff felt involved in the running of the service and supported by senior staff. One member of staff said, "I feel very supported by the managers they go out of their way to help you." Another said, "I had supervision last week, they are really supportive and the smallest thing [concern] we send a message to the office and they deal with it."

Working in partnership with others

- At the time of the inspection the provider was working with commissioners to make improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety had not been assessed or mitigated. Regulation 12(1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service were not effective. Regulation 17(1)