

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?

Requires improvement 

Overall summary

This inspection took place on 16 October 2015 and was unannounced. This is the first inspection of this service.

Hope Homecare Services Limited provides care support services to people in their homes. At the time of the inspection 30 people were using the service.

The service had a registered manager. 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.

We found a breach of regulations at this inspection. The provider did not have effective systems to monitor the quality of care and support people received.

Staff were available in sufficient numbers meet people's needs. Safe recruitment procedures were followed to ensure staff were suitable to work with people.

Summary of findings

Medicines were managed safely. Risk assessments identified the risks to people and how these could be prevented.

People were supported by staff who had the skills to meet their needs.

People were involved in decisions about their care and how their needs would be met.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People received individualised support that met their needs. Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care.

People were treated with dignity and respect. Staff understood people's preferences, likes and dislikes regarding their care and support needs. Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People using the service, relatives and staff said the manager was approachable and supportive. People and their relatives felt confident to express any concerns, so these could be addressed.

At this inspection there were breaches of regulations in relation to the good governance. You can see what action we told the provider to take at the back of the full version of the 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 safe. People's needs were met as staff were deployed consistently.

Safe recruitment procedures were followed to ensure staff were suitable to work with people.

Procedures were in place to protect people from abuse.

The risks to people who used the service were identified and managed appropriately.

People received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective. Staff had received training to provide them with the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People received a variety of meals.

People's healthcare needs were monitored.

Good



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive. People's care was assessed prior to care being delivered by the service.

Care plans detailed support people required and how to meet their needs.

People and their relatives were supported to raise concerns with the provider as there was an effective complaints system in place.

Good



Is the service well-led?

The service was not always well-led. The registered manager had not regularly checked the quality of the service provided or ensured people were happy with the service they received.

Requires improvement



Summary of findings

The provider had not carried out regular medicines and care plan audits to ensure that medicines were managed safely in the service.

Staff told us they were supported by their manager. The culture of the service was open and transparent.

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.

This inspection took place on 16 October 2015 and was unannounced. The inspection was carried out by an inspector.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us

by the provider, about the staff and the people who used the service. 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.

During the visit, we spoke with five people who used the service and four staff.

We also looked at a sample of 15 care records of people who used the service, 3 medicine administration records, eight staff records and records related to the management of the service.

Is the service safe?

Our findings

People told us that enough staff were available to meet their needs. The registered manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available to meet people's needs. The staffing rota reflected the number of staff available to support people and how they were deployed to meet people's needs. The rota showed that the numbers of staff available was adjusted to meet the changing needs of people.

We spoke with staff who had recently been recruited to work at the service they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references. We looked at the files of five staff who had recently been recruited to work with people who used the service. These contained criminal records checks, two references and confirmation of the staff member's identity. Safe recruitment procedures were followed to ensure staff were suitable to work with people.

There were arrangements in place to protect people from the risk of abuse. People who used the service told us that they felt safe and could raise any concerns they had with staff. One person said, "I feel safe, if I am concerned I call the manager." Information regarding who to contact if people or their relatives had concerns about the way they were treated was available in the information pack that people had about the service.

Risk assessments were in place that ensured risks to people were addressed. There were detailed risk assessments covering areas of potential risks, for example, falls, pressure ulcers and nutritional needs. These were being reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risk were highlighted. Staff were able to explain the risks that people might experience when care was being provided. Where necessary professionals had been consulted about the best way to manage risks to people.

People told us they were involved in discussing risks and making choices about how to be safe. People's care records

included a risk screening tool which identified the individual risks in relation to people's health and risks which may occur whilst they were in different situation such as when they were using kitchen equipment. The service had then developed plans to reduce the risks of harm and reviewed these regularly with the involvement of the person to ensure they were still effective.

Staff we spoke with had a good understanding of how to manage risks positively for each person they supported. They told us they followed risk management plans and had the opportunity to discuss risk management at shift handovers and team meetings. Care records demonstrated staff had followed the individual risk management guidelines which were in place.

Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission.

Some people who used the service had support from staff in relation to their medicines. People told us they received their medicines safely. Staff said when it was identified that people required support to receive their medicines they followed the provider's medicines administration procedures. They said medicine administration record (MAR) charts were completed by them to confirm people had received their medicines as prescribed. People's MAR charts were checked as part of regular monitoring visits carried out by the management team to people's homes to ensure they received their medicines as prescribed.

Where medicines were prescribed to be given 'only when needed' or where they were to be used only under specific circumstances, individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. They provided information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in way that was both safe and consistent.

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to meet their needs. Training records showed that staff had completed all areas of mandatory training in line with the provider's policy. Staff had specific training on dementia, managing behaviour that challenged the service and nutrition. Care staff had completed a diploma in health and social care. A training matrix was used to identify when staff needed training updated. Staff said the training helped them feel confident about carrying out their role and meeting people's needs.

Staff told us they felt supported. Staff were supported through regular supervisions from their team supervisors every three months to discuss any issues they faced at work and concerns about the people they looked after. We saw copies of supervision notes and these covered discussions about the well-being of people using the service, performance issues, training and time keeping.

People told us staff asked them what they wanted and waited for permission from them before they supported them. Staff told us they always explained what they were doing and sought consent from the person before they carried out any task. They told us, that where necessary they liaised with people's relatives if they have concerns about the person's ability to make a decision or choice. Staff said they found various strategies to work with people around their decisions and choices. For example, if a person did not want to have their personal care when it was due, they would leave it and ask them again in a different way later. A member of staff said "We never force anyone." Staff understood the communication needs of people with dementia and demonstrated skills to communicate with them. For example, they said they would use simple words and body language.

Staff understood how a 'best interests' decision should be made if people were unable, even with support to make a decision. They explained that the family, GP and social worker would be involved in a joint review meeting. Staff had completed a formal training on the Mental Capacity Act 2005 (MCA).

People told us when staff supported them with meals they were able to choose what they ate. The care plan for one person said they wanted staff to prepare meal from their cultural background. People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan.

Where necessary we saw that people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. Three people who use the service needed support with their nutritional needs so their fluid and food intake was being monitored.

People told us the service supported them with their healthcare needs. One person said, "I tell the carer when I need to see the doctor." People told us that they had been able to see their general practitioner when they wanted. When they asked staff to contact their GP this was done quickly.

Care records demonstrated that the service had worked jointly with health professionals to meet people's needs. The registered manager told us the service worked closely with other care providers. The service also contacted the local authority and other professionals to assist people to get mobility equipment.

Is the service caring?

Our findings

People and their relatives said that staff were caring and supported them to express their views about how their needs should be met. One person said, "Yes, the staff are respectful and friendly." They told us that when staff cared for them they were always, "kind" and "helpful." "They listen to me." Staff knew the preferences and personal histories of people who use the service. This included whether or not they wanted same gender care. The duty manager explained this was a question asked when people started using the agency.

People and their relatives told us they had been involved in the care planning process and had been visited in their homes prior to receiving care. People were provided with copies of their care plans and information regarding the provider's policies on choice, confidentiality and complaints management.

People and relatives confirmed that they had been involved in the planning of their care. One relative commented that they met monthly with the duty manager to discuss their family member's care and these meetings were recorded in the person's care plan. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

People were supported to maintain their personal, cultural and religious needs. Care plans recorded people's requirements in relation to communication needs and preferred spoken language. People told us they were matched with staff from similar backgrounds to enable their needs to be met appropriately. People's communications needs were recorded and staff had guidelines on how to communicate with people appropriately.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

People and relatives told us that they understood and had been involved in making decisions about their care and support. All the care plans we looked at had been signed by either the person or their relatives.

People and relatives told us they had the same carers for each visit. This meant that people were able to develop relationships with the staff that cared for them and provided continuity of care. We were told that carers usually arrived on time.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning and reviewing of their needs. One relative said, "They did a detailed needs assessment, and if there are any changes these are dealt with." Care plans were detailed and gave staff information about people's care needs and their preferences regarding how they wanted to be supported.

People told us they knew the content of their care plan and were involved in planning their support. Care plans detailed people's care visit times, the duration of the visits and the tasks to be undertaken. Care records showed that people's care visit times had been increased when required to reflect their needs. Staff understood the importance of recording changes in people's needs.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was

delivered. People's care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussions of their needs.

The provider responded to people's changing circumstances. People told us they were able to change their support visit times and stop and restart the care package as they wished.

People and their relatives knew how to make a complaint about the service. One person said, "If you do complain they take it seriously and try to put things right." Staff told us that the complaints policy had recently been updated with the involvement of people who used the service.

People and their relatives had been given a copy of the updated complaints policy so that they knew what to do if they wish to make a complaint about the service. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of on going learning by the service and so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

The provider did not have effective systems to monitor the quality of care and support people received. We asked the registered manager and provider if they carried out any monitoring of care plans and medicines administration and they were not able to show that these had been done regularly. The registered manager had only begun to carry out competence and spot checks of staff in the last month. Records of these checks showed that not all staff had been observed working with people and their competency regarding the safe handling of medicines had not been confirmed.

The registered manager told us that no care plan audits had been carried out. The registered manager was in the process of introducing care plan auditing. The registered manager did not have a system to check that care was delivered consistently. People were at risk of receiving inappropriate and unsafe care as there were no effective systems in operation to regularly assess and monitor the quality of the service. These issues showed that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the manager was open to any suggestions they made and ensured they were meeting people's needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs. The manager had recently sent out surveys to people who used the service, relatives and professionals to get their views of the service and to identify any areas for improvement.

The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. People and their relatives confirmed that they felt the service was well-led, that the registered manager was approachable and led the staff team appropriately.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the registered manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

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	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: People were a risk of receiving unsafe care as the systems assess and monitor the quality of the service were not effective. Regulation 17 2(a).</p>