

Precious Hope Health & Home Care Ltd

# Precious Hope and Home Care Ltd

## 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 ●

# Summary of findings

## Overall summary

Precious Hope Health and Home Care Ltd provides domiciliary care to people living in their own homes. It provides personal care to a range of people including older people, people living with dementia, people with mental health needs, people with alcohol and drug dependency, people with sensory impairment people with learning disabilities and people with physical disabilities. At the time of our inspection 67 people were being provided with personal care from the agency.

Following the last comprehensive inspection in 12 September 2017, where the service was rated as 'requires Improvement' for the second inspection, we asked the provider to complete an action plan to show what they would do to improve the key questions about ensuring people's safety, making sure calls were timely and ensuring an effective quality assurance system was in place. Because of these issues, breaches of regulations were found in Regulation 12, safe care and treatment and Regulation 17, good governance. We received an action plan on 9 October 2017 which described how improvements would be made to systems to produce a quality service to people.

We then undertook an announced focused inspection of Precious Hope and Home Care Ltd on 16 February 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection had been made. We found the provider had made the necessary improvements and rectified breaches of regulations. The service was then rated as 'good'. At this inspection we found the evidence continued to support the rating of 'good'.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse.

Staffing arrangements were suitable to keep people safe. Staff recruitment practices ensured staff were suitable to work with people.

Staff followed infection control procedures to reduce the risks of spreading infection or illness.

Risk management plans were in place to protect and promote people's safety.

Where the provider took on the responsibility for the management of medicines, staff followed practice guidelines and staff had been trained to assist with people having their medicines.

On-going refresher training was provided to ensure staff were able to provide care and support for people, and staff had been provided with information on people's health conditions in order to meet their individual needs.

Staff received supervision and appraisal of their performance to provide quality care to people.

Staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet.

People had been supported to have health appointments to make sure they received continuing treatment to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People had their privacy, dignity and confidentiality maintained.

Staff consistently provided people with respectful and compassionate care.

People had positive relationships with staff and received care to meet their personal preferences.

Timely care had usually been provided to respond to people's needs.

Care plans contained information for staff on how to respond to people's needs though more detailed information on people's preferences and lifestyles was needed.

The provider had a complaints procedure in place for when complaints were received and people had received information about how to complain. Complainants did not always receive a written outcome of their complaint.

People told us that they had confidence in the management of the service to provide managerial oversight and leadership. They would recommend the agency to friends and family if personal care was needed.

Issues identified in surveys had not always been followed up. Audits had not always identified issues that did not provide a quality care service.

## 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 remained safe.

### Is the service effective?

Good ●

The service was effective.

People had their needs assessed so that they were provided with care that was right for them. Staff had been trained to meet people's needs. The service worked with organisations to deliver effective care. Food and drinks had been supplied when needed. People had been asked for their consent before personal care had been provided.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service was responsive.

People and relatives said that the service was responsive to people's needs and that management listened to and acted on their comments and concerns. A complaints procedure was in place to follow up people's complaints. Timely care had usually been provided to respond to people's needs. Care plans contained information for staff on how to respond to people's needs though some information on people's preferences and lifestyles was limited.

### Is the service well-led?

Requires Improvement ●

The service was not comprehensively well led.

Issues had not always been followed up from surveys of people's views. Systems had not always been comprehensively audited to see whether a quality service had been provided. People told us that staff and management listened to them and put things right when this was needed. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was expected of them to meet people's needs.

# Precious Hope and Home Care Ltd

## **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 comprehensive inspection took place on 28 September 2018 and 1 October 2018 and it was announced. The provider was given 48 hours' notice, because the service provides a community care service and we needed to ensure someone was available to facilitate the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has experience of using this type of service.

We planned for the inspection using information from statutory notifications. A statutory notification is information about important events the provider is required to send us by law. We also took into consideration information we had received from commissioners who monitor the care and support of people using the service.

During the inspection, we spoke with seven people who received personal care from the service and one relative. We also spoke with three care staff, the registered manager, the provider, the compliance manager and a trainee manager.

We reviewed the care records of three people using the service and three staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

At our previous inspection visit in January 2018 we rated this key question as 'good'. At this visit the rating of the service had remained 'good'.

People spoken with told us that personal care had been safely supplied. One person said, "I feel safe with my carers." Another person told us, "Yes, I do [feel safe]. Everything works well." No one identified any issues or concerns around the safety of equipment they used.

Care plans contained risk assessments to reduce or eliminate the risk of issues affecting people's safety. For example, there was a risk assessment in place for a person recorded as having a risk of developing pressure sores. Staff understood how to assist the person to try to prevent this from occurring. Another person was at risk of dehydration. A risk assessment was in place to encourage the person to drink and for staff to leave fluids between calls.

Staff members told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards and made sure equipment was in good condition. There was a system to risk assess identified issues in people's homes, which included checking areas such as security, state of property repair, hygiene and fire risks. Equipment had been reviewed to ensure it was safe to use.

Sufficient numbers of suitable staff were available to keep people safe and meet their needs. A person said, "The timekeeping's fine, definitely. Never had any problems with it." Another person told us, "The timekeeping's good and I get a rota so I know who is coming." People did not report any missed calls. This indicated enough staff in place to meet people's needs.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable. Action had been taken to manage potential risks if a potential staff member had issues of concern from the past.

Staff confirmed they had received training in protecting people from abuse and understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if action had not been taken by the management of the service.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns that people had suffered abuse. The safeguarding policy had details of the type of abuse people could suffer and had contact details for different agencies, but no information on informing CQC of any such incident, as legally required. The registered manager sent us an amended procedure after the inspection visit.

The whistleblowing policy had details of staff members being able to report concerns to other agencies such

as local authority in place. This meant staff had ready access to information to whistleblow and keep people safe if these situations arose.

A person said that staff helped them with the administration of creams which they said worked very well and they were happy with this support. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. Proper recording of medicine supplied was largely in place. There were a small number of gaps in records, which indicated that medicine may not have been supplied to the person. The registered manager had identified this prior to our inspection visit and reminded staff to ensure records were always signed.

No one highlighted any issues or concerns around hygiene. Staff had completed training in health and safety matters to ensure they were up to date with the most recent guidance to keep people safe. Staff had been reminded about safe practices such as infection control in staff meetings. Spot checks on staff covered hygiene issues to monitor that staff were following hygiene procedures.

The service understood how to record and report incidents. There had been a small number of incidents in the past 12 months which had been referred to health services as needed.

The registered manager was aware of the need to analyse incidents and discuss any lessons learnt with staff to learn from anything that had gone wrong. This had been the case with medicine errors.

# Is the service effective?

## Our findings

At our previous inspection visit in July 2017 we rated this key question as 'requires improvement'. At this visit the service had improved to 'good'.

People's needs were assessed to achieve effective outcomes, and care and treatment was provided to meet people's needs. Everyone said they had an assessment at the beginning of their care and they felt involved in this process.

People received care from staff that had received training to meet people's assessed needs, and there was additional information in care plans to assist staff to understand people's health conditions.

People thought that staff had been trained to meet their needs. A person said, "They know what they are doing. Another person told us, "The staff seem confident and competent." Some people said that communication with some staff who did not have English as their first language, was difficult. The registered manager said that more support would be put in place to assist the staff to improve their language skills.

Staff thought they had been sufficiently trained to meet people's needs and they received refresher training on important subjects. An induction training package was available for new staff. This included staff undertaking the Care Certificate. The Care Certificate covers the basic standards required for care. Staff had been supported by receiving one-to-one supervision which covered important issues such as training needs and whether they had provided timely care to people. Additional training had been identified so that staff could carry out health care tasks such as catheter care.

Staff supported people to eat and drink sufficient amounts. A person said, "It works well. They ask me what I want and will make it for me. Another person told us, "My food is prepared for me and they will warm it up." Everyone indicated that staff ensured that people had access to fluids if needed.

The service worked and communicated with other agencies and staff to enable effective care and support. For example, there was an emergency grab sheet in place to supply ambulance crew with important information about people's medical needs if people needed to go to hospital.

One person said that staff had contacted the district nurse for them recently. No one else said this support had been required but were confident that it would be provided if needed. People had their health needs assessed. Records showed that people's health requirements were recorded and updated as needed.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own



home must be made to the Court of Protection. The service worked in line with the principles of the MCA. People confirmed that staff sought their consent before providing personal care.

## Is the service caring?

### Our findings

At our previous inspection visit in July 2017 we rated this key question as 'good'. At this visit the service remained 'good'.

People said that staff had a caring attitude. One person said that staff were caring, "By their general demeanour and how they approach their work." Another person said, "They [staff] are all polite and respectful."

People indicated that they felt involved in the planning of their care and in day to day decisions. They had been given the chance to make changes. Involvement of people in producing their care plans was recorded in care plans.

Nobody raised any concerns about their privacy and dignity. People indicated that they were happy with this aspect of their care. A staff member said, "We are very conscious about people's privacy and dignity and treat them as we would want to be treated ourselves." Information from the service stressed staff respecting people's right to privacy, dignity, choice and not being discriminated against. This included respect for people's culture, race, religion and sexual orientation.

People said they were provided with choices. One person said, "Staff ask me what I want help with." Care plans outlined people's choices such as choice of what to wear and how they wanted their drinks to be made. Staff were aware of people's individual needs and choices.

Staff understood the importance of keeping personal information confidentially and that personal information was not shared with people inappropriately.

People indicated that they were supported to stay independent. One person said, "They [staff] help where it's needed." Another person told us, "I do what I can and they [staff] are happy to help with the rest." A staff member told us about a person who had been assisted to do exercises so that they could regain their independence after a series of falls, when the person had been referred to the falls clinic.

# Is the service responsive?

## Our findings

At our previous inspection visit in July 2017 we rated this key question as 'requires improvement'. At this visit the service had made improvements, so the rating has improved to 'good'.

People indicated that the service was responsive to their needs. They usually had regular staff so they got to know them and the way they wanted their care to be provided. One person said, "I've got regular people." People said that staff did what they wanted them to do. Staff responded to people's preferences. A person said, "I tell them what I want them to do and they do it."

People said they had reviews of their care plans and that they felt involved in planning their own care. Reviews covered issues such as improvements needed to the service. Changes to people's care plans had been made when people's needs had changed.

People and relatives told us that calls were consistently timely. We saw that call times were mostly on time, though a small number of call times had been untimely. After the inspection, the registered manager sent us information which reminded staff to be punctual for calls. Some staff told us that there was not always enough travelling time in their rotas. The registered manager supplied information after the inspection visit which stated this issue had been followed up and action taken since the inspection visit so that there were now adequate travelling times for staff between calls.

Care and support was personalised to meet each person's individual needs. People and relatives said that staff were aware of people's needs and their likes and dislikes. Staff demonstrated this knowledge and said they always read care plans to keep up to date with people's needs. Care plans contained some detail of preferred daily routine and choices for food and drinks, other information about the person's life history and information about their likes and dislikes, though this was not detailed. The registered manager said this would be added to care plans and supplied information after the inspection visit this process had begun.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager said that presently there was no need to provide additional communication methods such as drawings and pictures.

Everyone said that they had information on how to make a complaint, knew how to do so and would feel comfortable to do this if necessary. No one said they had made a formal complaint, but one person had contacted the service and were satisfied with how the issues had been dealt with. A complaints procedure was available to people.

There were a number of recorded complaints from the last inspection. These had been investigated and acted on. However, a written response had not been provided to the complainant. The registered manager

stated this would be provided in the future.

No end of life care was being delivered, but the registered manager was aware of how to respond to people's needs and wishes if this care was needed. This information was included in care plans if people chose to share their wishes.

## Is the service well-led?

### Our findings

At our previous inspection visit in January 2018 we rated this key question as 'good'. At this visit the rating of the service had reduced to 'requires improvement'.

The people who used the service and the staff were able to have their voices heard. People said they had opportunities to provide feedback, via surveys, telephone calls and reviews of their care. The last survey of people's views was positive in general about the service but did not action some issues such as the negative approach of some office staff and not treating a person with dignity. The registered manager said these issues would be followed up and provided this information after the inspection visit.

Quality assurance systems were in place to assess, monitor and evaluate the quality of people's care. The compliance manager explained how detailed systems had been put into place in the last 12 months. People had been contacted to ask them whether their care was good. Some aspects had not been audited in depth such as some timely call times and gaps in medicine recording. This did not provide assurance that action had been taken to provide timely call times or that prescribed medicine had always been provided to people. Some records were difficult to read. The registered manager said these issues would be followed up and outlined action that had been taken, after the inspection visit.

People said they thought the service was well managed. They said they had contact details for the agency and had been able to contact them about any issues and get these resolved.

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 2008 and associated Regulations about how the service is run.

People indicated that they were satisfied with the service. One person said, "All the carers look after me really well and I would recommend it." Another person told us, "We would recommend it. It works really well." They would recommend the service to friends and family if they needed personal care assistance.

Staff told us that the management of the service was good, and they got the support they needed to perform their roles. A staff member said, "When I go into the office and if I need to ask anything, management are always helpful."

Staff were able raise ideas or concerns within team meetings and were given an opportunity at the end of the meeting to speak with the registered manager privately. Staff reported that the registered manager was always receptive to their comments and ideas, and they felt listened to. Staff were thanked for their good work, which helped to maintain their morale.

The provider was aware of their legal duty to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely

way. They were aware of needing to share information as appropriate with health and social care professionals.

The service worked positively with outside agencies. This included liaising with the local authority. There was evidence of up-to-date reviews of people's care needs.