

New Hope Specialist Care Ltd

New Hope Care Leicester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out the inspection on 16 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection 19 people used the service.

The service was last inspected 2 February 2015 and was found to require improvement in all domains except caring which was rated as good. It was also found to be in breach of two regulations.. The registered person had not ensured the safe and effective operation of recruitment procedures and had not protected people against the risk of inappropriate or unsafe care. We checked to see if improvements had been made to meet the requirements of the Health and Social Care Act 2008. We found that sufficient improvements had been made in both areas.

The service did not have 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. A new manager had commenced working for the service nine weeks prior to our inspection. They informed us that they intended to apply to CQC to become the registered manager.

People told us that they felt safe in their own homes. The manager had assessed the risks associated with providing care in the home environment. Staff understood their responsibility to make checks within people's home and of equipment to keep themselves and people safe.

Staff understood how to keep people safe and report concerns if needed. The manager had ensured that all staff had undergone relevant employment checks.

People did not receive their medicines as required and medicines were not managed safely.

Not all staff had received training to meet the needs of the people who used the service. The manager was in the process of ensuring that all staff received appropriate training and support to be able to fulfil their role.

Some people had the capacity to make decisions about their care and the support they received. These people were involved and their opinions sought and respected. Where people required support to make decisions, the service did not follow the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), best interest decisions had not been made in line with the Act.

People were supported to maintain their health and wellbeing. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have

sufficient to eat and drink.

Staff respected people's homes. People's independence was promoted and choice making encouraged. Staff adapted their communication style so that people were supported to understand.

The manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals.

Staff knew people well and treated them with kindness and compassion. People received a consistent level of support.

Staff felt supported by the manager. They were clear on their role and the expectations on them. People who used the service and staff felt they could talk to the manager and had confidence that they would address issues if required. People told us that they knew how to make a complaint if they needed to. Relatives found the manager to be approachable.

The manager had implemented systems to monitor the provision of service. The provider did not have effective systems for gathering information about the service, identifying areas of concern and to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe

People's medicines were not managed safely.

People felt safe. Staff understood how to keep people safe. The manager had ensured all relevant employment checks had been completed. Call times were monitored to ensure that people received their care at agreed times.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff had not received all the training that they needed to carry out their role. The service was not working to the requirements of the Mental Capacity Act 2005.

People were supported to maintain their health and wellbeing. People's health needs were met and when necessary, outside health professionals were contacted for support.

People were supported to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring

Staff treated people with dignity and respect.

People were supported to maintain their independence.

Staff adapted their communication style to aid people's understanding.

People received a consistent level of care.

Is the service responsive?

Good ●

The service was responsive

People's support was centred on their individual needs.

Care plans included comprehensive information about how people would like to receive their support.

People told us that they knew how to make a complaint if they needed to.

Is the service well-led?

The service was not well led

There were systems in place to monitor the provision of service but the provider did not have effective systems for gathering information about the service to drive improvement

Staff felt supported by the manager and were clear of their role and the expectation on them.

Requires Improvement 

New Hope Care Leicester

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.'

We carried out the inspection on 16 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an 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.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with six people who used the service and three relatives of people who used the service. We spoke with the manager and five care workers. We looked at the care records of five people who used the service and other documentation about how the service was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes. After the inspection we contacted the provider to provide clarification about how they manage their quality assurance systems.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I am very safe in hands of the carers they look after me well and they do all I want them to." Another person said, "Of course I feel safe if I didn't I wouldn't let the carer in my house."

We saw that there was a policy in place that provided staff and people using the service with details of how to report safeguarding concerns. This was accessible to people and staff in each person's home. Staff were aware of this policy and how to report if required. They told us that they felt able to report concerns. One staff member told us they had reported a concern and that it had been addressed appropriately. The manager was aware of their duty to report and respond to safeguarding situations.

At our last inspection we found that the service had not always followed safe recruitment practice. We saw that the manger had conducted a full audit of staff personnel files. Where they had found that the relevant pre-employment checks had not been carried out, they had ensured that suitable references had been requested. We checked three staff files and found that suitable references were now recorded. All the staff files that we looked at contained confirmation of clearance from Disclosure and Barring Service (DBS). DBS checks help to keep those people who were known to pose a risk to people using CQC registered services out of the workforce. This meant that the provider could now be reassured that staff employed were suitable to keep people safe.

The manger had implemented a system that allowed them to better monitor call times to ensure that staff were arriving at the agreed time and that they stayed for the scheduled amount of time. These records were reviewed by the deputy manager daily. The system also alerts the manager and deputy manager to any missed calls. We were told that there was an agreement that staff may arrive within 30 minutes either side of the agreed time slot. One relative that we spoke to told us that they had experience late or missed calls. Records reflected that there had been a missed call in February. The manager told us that they had investigated this missed call and had issued an apology to the person. We were able to review the records and saw that staff were meeting the agreed times with the exception of one person who's calls seemed to be repeatedly late. The manager was able to explain that the agreed call times had been changed with the service user but the system had not yet been update to reflect the change. They told us they would ensure it was updated that day.

Staff were clear on the action they should take in response to accidents or incidents. One staff member explained what they would do if they discovered if person they were supporting had fallen and injured themselves. Staff were responsible for recording and reporting any accidents or incidents and were aware of the systems in place for them to do so. We were able to see that there had been one accident recorded in the past six months and that appropriate action had been taken.

We looked at five people's plans of care and found risk assessments had been completed in areas such as moving and handling, nutrition and skin care. We saw that they were specific to people's individual needs. For example where someone had a visual impairment this was taken into account. Completion of these

assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. At our last inspection we found that there was a risk that inappropriate or unsafe care could be provided and people's care and support needs not meet. During this inspection we concluded that the manager had taken appropriate actions to reduce these risks to people.

The manager had assessed the risks associated with providing care in the home environment. Staff understood their responsibility to make checks within people's home and of equipment to keep themselves and people safe. This meant that people were protected from environmental harm. We identified where more robust risk assessment around staff lone working and driving would help reduce risk to staff. The manager told us that they would ensure that these were completed.

The support that people needed to remain safe when moving was assessed and where appropriate equipment was identified to be used. People told us that they felt safe when being supported with their movement. One person said, "When the carer moves me we use a turning plate, I feel safe in their hands." Staff were clear on the support that people needed and we saw that all staff had received the relevant training. Equipment was checked to ensure that it was safe and had been maintained.

Staff were required to support people to take their medicines. One person said, "Yes I get my tablets when I should." The support that people needed to take their medication had been assessed and guidelines for staff to follow were recorded in people's care plans. Staff were required to record when they had supported someone to take their medication. People confirmed this. One person said "Of course they write it in my records when I am given my tablets." We spoke with the manager who told us that they had identified that the medicines records did not offer clear guidance to staff about which medicines they should support people to take. The manager had recently made changes to the medicines record to make them clearer. Staff confirmed that they understood the guidance on the new records. One staff member said "Creams never used to be on the sheet. [Manager] brought this in. It's now more clarified."

We reviewed the medicines records and found that there had been occasions when staff had not recorded whether people had taken their medicines. We checked the daily notes that staff made and found that there had been an occasions when staff had observed that people had not taken their medicines as they should. We asked the manager about this. They told us that staff were expected to report concerns of this nature to the office for them to take action. The manager confirmed that they had not been made aware of this incident and would investigate it. This meant that people were not consistently supported to take their medication as prescribed by their doctor.

Is the service effective?

Our findings

People told us that staff were able to meet their needs. One person said "I am looked after well by all my carers." A relative said, "My [relative] is cared for well."

Staff training records showed that staff had not always received the training they needed to ensure that they had the skills and knowledge to meet people's needs. This included regular refresher training and ongoing learning. The manager told us that they were aware of this and had begun a process of ensuring that all staff received appropriate training. Records showed that over the past two months staff had attended a number of training courses and we saw that others were booked to attend. One staff member told us, "I did health and safety training this morning." The manager told us that they intended that all staff would have attended all mandatory training courses by April 2016.

The manager and the deputy manager were in the process of attending training the trainer courses so that they could support staff in their learning and assessing their competencies. The manager said, "There is a lot of potential in the current staff. They just need the right support, training and supervision." The manager had reviewed and up dated the staff induction programme to ensure that all new staff would receive an effective induction to the service and their role when they are first employed with the service.

The manager and the deputy had conducted regular supervision with staff members. Staff confirmed this. One staff member said, "Spot checks and supervisions, they are good, they keep us on our toes." During supervision staff's progress, training and support needs were discussed, this enabled the manager to evaluate what further support staff required from them. We saw that supervision had identified a staff member's concern about the practice of another staff member. We were able to see that the other staff member had received supervision and retraining as a result of the concern raised. Senior staff carried out "spot checks" of staff while they were providing support. This enabled the manager to review staff competencies to ensure that staff had the necessary skills to complete their role.

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. 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the service was not working in line with the MCA. We found where people were likely to lack capacity to consent to aspects of their care and treatment, best interest decisions had not been completed. We also saw that people's relatives had been asked to consent to care and treatment on behalf of people who may lack capacity to do so themselves. For example we saw written in one person's care plan, "Family make [person's name] decisions for her as [person] is unable now." Staff had some understanding of the

requirements of the Act. We saw that all staff had been booked to attend MCA training over the coming month. The manager told us that they had identified that the service was not fulfilling the requirements of the MCA and had completed capacity assessments for all people who might require them since they had been in post. Care plans reflected this. The manager told us that where people were lacking capacity they intended to ensure that best interest decisions were taken and hoped to be compliant with all aspects of the Act by the end of June.

We saw that for those people who had the capacity to consent to their care they had done so. We saw that people had been included in the support that they wanted to receive and had been involved in the review of their care. We saw that they had also given permission as to who staff at the service could discuss their care needs with if required. One staff member said "[person] has the capacity to make his own choices and decisions." They explained that they would gain consent to provide care by asking people. One staff member told us that they might ask a person who struggles with verbal communication for consent by asking them to give "Thumbs up sign."

People were supported to access healthcare services. One person told us, "If I need to change the time of my visit because of hospital appointments the carers come early to help me get ready." Staff contacted health professionals when required. One staff member said, "We might need to call the GP or the pharmacy." Where health professionals have advised changes to the support people needed, we saw that this had been communicated to all staff and the care plan reflected the changes.

People told us that they were supported to have sufficient to eat and drink. One person said, "We discuss in a morning what I am having for dinner and [staff member] gets it out of the freezer and cooks it when [staff] comes back at dinner time." Another person said, "My carer never leaves without leaving me a drink." Relatives of people who use the service confirmed this. One said, "I can always see what my [relative] has eaten as it is written in the care plan."

Is the service caring?

Our findings

People told us that staff were caring towards them. One person said, "The carers are always very kind to me, they are like friends." Another person said "Yes they are very kind to me." Relatives confirmed this. One relative said, "I watch how the carers are with my [relative] and I am happy how they care for her."

People told us that they were supported to remain independent. One person said, "I am encouraged to be as independent as I am able." We saw that people's independence levels had been assessed so that staff could be clear about the things that people could and wanted to do for themselves. One staff member told us, "For those who are able to, they can do as much for themselves." We saw that care plans required staff to offer people choices around everyday events, such as what and when they would like to eat.

People had been asked about how they wanted staff to communicate with them. Staff told us that they understood that they needed to adapt the ways they communicated with people to meet their specific needs. One staff member told us "If someone was confused, I could leave them a note so that they are reminded when they forget." People using the service told us that they had experienced some difficulties, particularly those people with sensory loss, with clear communication. This was related to staff accents and the speed at which staff talked. One person told us that staff had to be reminded to speak slowly but once they had then they were able to understand them. The manager told us that all staff employed had demonstrated that they had an acceptable level of spoken and written English.

Staff understood that people were able to make choices about the care that they received. One staff member told us, "If someone refused to take their medication or to eat I would offer encouragement. I give them time." Another staff member told us that they helped people to make choices and adapt when their support needs change by sitting with them and explaining things carefully.

People told us that they were treated with respect. One person said, "Yes I am treated with the respect at all times." One relative told us, "My [relative] is always treated with respect." One staff member told us, "I give them time, they need time. [Person] can't talk or move but she can still think." We saw within care plans that people's dignity was considered and clear guidelines in place to guide staff in ensuring that dignity was maintained. Staff told us that they understood that they were working in people's own homes. One staff member told us, "I would always knock on the door or ring the bell so that people know I'm coming in." Staff understood their responsibility to maintain people privacy and confidentiality.

The manager told us that consistency in care was important so that service users could be reassured who was coming to support them. One relative told us, "I have regular carers that I really like for my mother." One staff member told us, "Continuity is good for the clients. It is important to build good relationships with clients. That happens here." The manager had changed the way that staff rota and shift requests were managed to aid consistency of care.

Is the service responsive?

Our findings

People told us that the service had adapted to their changing care needs. One relative told us, "My [relative] care need have recently changed. She now has two carers four times a day." Another relative said, "My [relatives] care needs have changed recently and yes the company has been able to accommodate her changing needs without any issues or complications or her care suffering at all." The manager told us that having reviewed people's call times they identified that one person had routinely not required the full 45 minute call time that was provided. The manager arranged a review of their care package and it was agreed that the call time would be reduced to 30 minutes. The manager told us that they had reviewed the support that each person received over the past two months.

We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. We saw that care plans had been developed to reflect people's changing needs. For example one person required a different type of support at times when their condition meant that their mobility was adversely affected. Care plans contained information about people's preferences and usual routines. This included information about what was important to them, details of their life history and information about their hobbies and interests. We saw that people had been asked about their preferred form of communication.

Staff were required to record the support that they provided in daily notes. We saw that these were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing we saw that they had done so and recorded this in the daily notes.

People were asked if they had a preference regarding the gender of the carers that support them. One person said, "I prefer to have a male carer and this has never caused a problem I have always had one." A staff member told us that they were aware of who had expressed a preference with regard to which staff supported them with personal care.

People told us that they knew how to make a complaint if they needed to. One service user said, "Yes I know how to complain but I have never needed too." Another person told us, "Of course I know how to complain and if there was a need to I wouldn't hesitate complain to the office staff." A third person said, "Sometimes I feel a bit rushed by a particular carer I have told [manager] about this and it has got better." A relative that we spoke with confirmed that they had the service complaints procedure available to them in their home. We saw that there was a complaints policy along with an 'easy read' version to make it more accessible to people with communication difficulties. We saw that the manager had investigated two historic complaints and where appropriate issued an apology and made changes to working practices.

The manager sends out surveys to people to get feedback from them about the service they receive. The manager told us that they also telephone people to get feedback if they have said that they do not wish to complete written surveys. We saw that as a result of the feedback from one person the manager visited the person at their home and they agreed how the care package would be amended to address the concern that they had raised. Other feedback had been "Things are ok at the moment now that we have regularity."

Is the service well-led?

Our findings

People told us that they were aware of who the manager was. One person said, "There is a new manager she is very approachable." A relative told us, "The new manager rang me the week she started to introduce herself." Staff spoke highly of the new manager. One staff member said "She is brilliant, supportive." Another staff member said, "[Manager] will deal with concerns, she is very approachable. You know where you are with her, she is fair." A third staff member said, "[manager] has really turned things around and it's getting better."

The manager had ensured all staff had received the employee hand book. This was to ensure that staff were clear on their role and the expectation on them. The manager had insured staff meetings every four weeks. During these the manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. One staff member told us "There have been significant improvements." This meant that staff felt involved in the provision of service and were kept up to date with developments. All staff were being encouraged to complete additional distance learning courses with the aim of promoting a culture of learning and accountability for all staff.

There were systems in place to monitor the provision of service. The manager and the deputy routinely monitored the times that staff attended people's houses to provide support. We saw that where a missed call had occurred the manager had investigated the reason for this and provided the service user with an apology. The manager had removed the staff members from the rota and required them to complete additional training. The manager told us that they intend to complete competency assessments with the staff members before they are able to provide support to people.

The manager had conducted an audit on the documents that the service held regarding staffs insurance to drive as part of their role. The audit identified that for some staff they did not have the necessary insurance to drive their vehicle as part of their job role. The manager requested that staff members provide the appropriate insurance documents. This meant that the provision of service to people was not at risk of being interrupted.

The manager had implemented audits on the daily notes and medication records. This was so that they could be sure that people were receiving the support that they required and to check that staff were meeting people's needs. Due to the manager being new to post they had commissioned an external company to complete a back dated audit of daily notes and records for the month of January and February as the manager did not have capacity to complete this themselves.

Staff were aware that they were required to inform the office of significant events that occurred while supporting people or changes that were required to peoples' support plans. One staff member said "If we find a problem we let the office know." The manager had implemented systems to ensure that communication between care staff and the office is formalised. This was to ensure that important pieces of information when received were acted upon. The manager reviewed the communication records daily.

The provider did not overall have sufficiently effective systems for gathering information about the service, identifying areas of concern and analysing how to improve on quality services to ensure the smooth running of the service and drive improvement. We saw that there had been a delay in making improvements that were identified as being necessary at our last inspection. We also found that the local authority had identified similar concerns. After the inspection the provider told us that they intended to make governance a higher priority. The provider intended to focus on how they captured evidence based information and the planning for improvement. They also intend to implement on-going workshops around specific 'training' around operational matters for managers.

The manager was not yet registered with CQC. They told us that they intended to submit their registration immediately.