

Precious Hope Health & Home Care Ltd

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Inspection report

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23 October 2017

27 October 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on the 20, 23 and 27 October 2017 and was announced. Precious Hope Health and Home Care is a domiciliary care agency. It provides personal care to people living in their own homes in Northampton, Rushden and Wellingborough areas. At the time of the inspection 33 people were using the service.

At the last inspection in September 2016 the service was rated 'Requires Improvement' under 'Safe' and 'Well-Led' and the overall rating was 'Requires Improvement'. We saw the provider had displayed the ratings, on their website and it was also on display within the agency office. At this inspection we found the provider had made the necessary improvements as identified at the last inspection, namely to the call monitoring system and the overall monitoring of the service. The service is now rated as Good.

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.

Staff understood their responsibilities to keep people safe and systems were in place to respond to any concerns of abuse. Individual risks to people's health and welfare were assessed and appropriate measures were in place to effectively manage risks.

Recruitment procedures were sufficiently robust to protect people from receiving unsafe care from staff unsuitable to work at the service. There was sufficient staff available to meet people's support needs. Where the service took on the responsibility for people's medicines these were managed safely.

People were involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied their knowledge appropriately.

Staff knew the people who used the service well. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times. People were involved in planning their care, the care plans were personalised and regularly reviewed.

People received care from staff that had the appropriate skills and knowledge to meet their needs. All staff received on-going training to refresh their knowledge and skills.

The service was open and transparent, systems were in place to receive and respond to complaints. Notifications were submitted to the Care Quality Commission (CQC) as required and the provider worked with other healthcare providers and commissioners.

Systems were in place for the provider to effectively monitor all aspects of the service to continually 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?

Good ●

The service was safe.

Staff understood their responsibilities to keep people safe and systems were in place to respond to any concerns of abuse.

Risks to people's health and welfare were assessed and appropriate measures were in place to effectively manage risks.

There were enough staff and people were informed which staff were allocated to provide their care.

People were protected from the risk of unsuitable staff through safe recruitment procedures.

Where the service took on the responsibility peoples' medicines were managed safely.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post.

Systems were in place to seek feedback from people and their relatives and appropriate action was taken in response to their feedback.

The service was open and transparent. Notifications were submitted to the Care Quality Commission (CQC) and the

provider worked with other healthcare providers and commissioners.

Systems were in place for the provider to effectively monitor all aspects of the service to continually drive service improvement.

Precious Hope Health and Home Care

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 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.

The inspection took place on the 20, 23 and 27 October 2017 and was announced. We gave the service 48 hours' notice of the inspection visit, this was because it is a domiciliary care service and we needed to be sure the registered manager would be available.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority safeguarding team and clinical commissioning group.

During this inspection we visited five people using the service; during the visits we also spoke with four relatives and we spoke with one relative over the telephone. We spoke with three care staff, the business administrator, care coordinator and the registered manager of the service.

We looked at the care plans and associated care records in connection with five people using the service. We also looked at records in relation to staff recruitment, staff training, staff supervision, staff rotas, staff meetings, medicines administration, safeguarding, complaints and quality assurance audits of the service.

Is the service safe?

Our findings

At the last inspection of the service in September 2016 improvement was required. This was because people could not be assured staff would arrive at the agreed times and people were not always being informed when staff were running late. Since the last inspection the provider had improved the call monitoring system to ensure that staff logged in to the office on arrival at each visit and logged out when leaving. People said they had seen an improvement to the staffs' attendance times. One person said, "The staff usually arrive when expected, if they are running late someone from the office always calls me." Another person said, "Since [Name of registered manager] came on the scene things have got much better, I usually have the same staff, they are very good at keeping to the call times."

People also told us they were provided with a weekly rota to inform them which staff to expect to make their calls. They also told us they usually had the same team staff that attended their calls and this only changed when staff were either off sick or on holiday. The staff confirmed they were allocated sufficient travel time between calls to enable them to meet the scheduled call times. One member of staff said, "If for any reason we run late, we have to call the office and they will contact the client to let them know, or if we are running very late they will see if the call can be allocated for another carer to attend." Another member of staff said, "The office staff always respond when we call them."

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One person said, "I feel very safe with all the staff." The staff told us they had received training in safeguarding and knew their responsibilities to speak out if they suspected any people were being placed at risk of harm or abuse. One member of staff said, "Believe me I wouldn't hesitate to report to the manager if I had any concerns about someone's safety." Records showed that staff had received training on safeguarding and the provider had appropriately reported safeguarding concerns to the Local Safeguarding Authority and the Care Quality Commission (CQC).

Risk assessments were carried out on the home environment and specific risks posed to staff and the person. We found they outlined key areas of risk, such as falls, manual handling and the risks of developing pressure area sores. Information was included on equipment in use and what action staff should take to minimise any potential risk of harm, whilst promoting people's independence. We saw the assessments were reviewed regularly and updated as needs had changed. People's care records also contained the emergency contact details for the next of kin and their GP.

People told us staff used moving and handling equipment to assist them to mobilise. One person said, "I use a walking frame the staff always make sure when they leave I have it next my chair." A relative said, "The staff use the hoist when helping [Name of person] to move, they always explain what they are doing, [Name of person] trusts them to help move them safely."

The staff recruitment processes ensured that staff employed at the service underwent appropriate pre-employment checks. Written references had been obtained from previous employers and proof of identity to check the staffs' eligibility to work in the United Kingdom. We saw that enhanced checks were carried out

through the Disclosure and Barring Service (DBS), to check that applicants were suitable to work with vulnerable people.

Where the service took on the responsibility of administering medicines, the prescribed medicines were listed in people's support plans. The staff told us they received medicines training and observations took place to assess their knowledge and competency to administer medicines. This was also evidenced in the staff training records. The provider carried out audits of the medicines administration records (MAR) to check that staff appropriately recorded when they had administered people their medicines. We checked the MAR charts held within people's homes and found they had been appropriately completed by staff.

Is the service effective?

Our findings

People continued to receive effective care as they received care and support from staff that had the knowledge and skills needed to carry out their roles and responsibilities effectively. One person said, "The staff seem very professional, they know how to look after me very well." A relative said, "I work with the staff when they attend to [Name of person], it's not that I don't trust them, I just like to be involved in the care."

The staff told us they received training that gave them the knowledge and skills required to meet the needs of people using the service. One member of staff said, "The training is very good, if you need extra training the manager will arrange for it to be provided, she and the care co-coordinator are very good at coming out and working with the staff too." All the staff confirmed that when they first starting working for the service they had been provided with comprehensive induction training. They also said they had worked alongside experienced staff and records also confirmed this. They told us they received training to meet the specific needs of people they cared for. For example, training in pressure area care, catheter care, stoma care (where a bag is fitted to collect waste matter) and how to care for people receiving their nutrition via a feeding tube.

The staff said they felt well supported by the provider, the registered manager and the care co-ordinator. They told us they met with the registered manager and the care co-ordinator on a regular basis for one to one supervision. A member of staff said, "I feel very supported, the manager and the care co-ordinator are very supportive, if you need any advice or help they go out of their way to help you." The sessions were used to review their performance and identify any further training needs.

We saw that regular spot checks were carried out, which involved the staff being observed providing care for people. One member of staff said "I don't mind being observed, I like to do my job properly, it's nice when the manager and people tell you that you are doing a good job, it gives you a boost." We also saw that all staff had an annual appraisal to review their performance and development over the previous year and identified areas for further personal development.

The Mental Capacity Act (MCA) 2005 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 the mental capacity to take particular decisions, those made on their behalf must be in their best interests' using the less restrictive option, under the Court of Protection.

People told us they were involved in making decisions about their care and support, one person said, "The staff always ask first before doing anything, they never assume anything." Staff told us they had received training on the MCA and this was also evidence in the training records. The staff were aware of their responsibilities under the MCA and applied their knowledge appropriately. People's capacity to make decisions was assessed and when in doubt the staff worked closely with family members to provide care in the person's best interests.

Where the provider took on the responsibility, people were supported to eat and drink sufficient amounts. People at high risk of not having a nutritious diet had their food and drinks closely monitored. One person said, "The staff make me sandwiches and heat up meals in the microwave for me, they always make sure I have eaten and leave a drink for me, before they leave." One relative said, "I leave messages for the staff, to let them know what meals to give to [Name of person], it works well."

People were supported to access advice and support of healthcare professionals. One member of staff said, "I called an ambulance once for [Name of person] they were really very ill, I stayed with [Name of person] to provide reassurance until the ambulance arrived. I handed over information about their medicines and their care needs, I also stayed with them until their son arrived, I was fully supported by the company, they arranged for another member of staff to make the next scheduled call."

Is the service caring?

Our findings

People continued to receive care from staff that knew them well and had formed positive relationships. One relative said, "We generally have the same staff, its important because trust is built up, the staff know us and we know them, they are very caring and experienced at what they do." One member of staff told us they also thought it was important that trusting relationships were built with people using the service and their families. One member of staff said, "I absolutely love my job."

People using the service and relatives told us the registered manager and the care co-ordinator kept in regular contact with them. One relative said, the staff are just brilliant, I live quite a distance away, they keep me up to date, send me emails to let me know how things are going, I can't fault this agency, It's a shame there isn't more like it." The service supported people in a flexible way, for example if people wanted their calls to take place outside of their scheduled visit times.

People using the service and relatives felt the staff treated people with dignity and respect. One relative said, "The staff always speak to [Name of person] when they are helping them to get washed and dresses, they always keep him covered over." The staff said they always ensured that personal care was carried out in private and were always mindful of preserving people's dignity. One member of staff said, "I look at it as though I am providing care for my mum, how I would want her care to be provided."

At the time of the inspection no people required the support of an independent advocate, however the provider was aware of how people could be supported to access advocacy should they need to. We also saw that information about people's care was kept confidential and only shared with professionals involved in their care.

Is the service responsive?

Our findings

People using the service and relatives told us that full assessments of their care needs had been carried out and their preferences as to how they wanted their care delivered had been accommodated. People using the service and their relatives told us they were involved in making decisions about their care. One person said, "Somebody came out to do an assessment before I started using the agency, they asked questions about how I wanted my care to be provided. I feel I was very involved." A relative said, "We were involved in deciding how [Name of person] wanted to have their care provided; we work very closely with the staff."

People received their care and support how they wanted it to be provided. The staff were able to tell us in detail how they provided individualised care for people using the service. For example, how they cared for people at risk of developing pressure sores and people at risk of poor nutrition.

Feedback was sought from people using the service and their relatives and this was evidenced within the care plans reviewed. The provider had a complaints procedure that was made available to people using the service. People and their relatives said that they knew who to speak to if they were unhappy with any aspect of the service. One person said, "I am extremely happy with the care I received I have no cause for concern." Another person said, they had raised some concerns with the provider and they had been dealt with very quickly to their satisfaction. A relative said, "We are very happy with the care, nothing is ever perfect but this service is close to it." Records showed that the provider had responded to complaints brought to their attention in line with their complaints policy.

Is the service well-led?

Our findings

At the last inspection of the service in September 2016 the service was rated as 'Requires Improvement'. This was because systems to measure the quality and safety of the service were not always effective. At this inspection we found the provider had made the necessary improvements to ensure the management of the service was appropriately monitored.

The call monitoring system and a programme of quality monitoring audits had been embedded since the last inspection and were regularly taking place. These included, regular reviews of care plans, risk assessments, medicines administration records, daily notes and call logs. In addition regular audits were carried out on staff training and staff recruitment records.

Since the last inspection a new registered manager had been appointed; they had taken time to review people's care plans and risk assessments to identify areas requiring further development. Spot check visits were carried out to continually monitor the care being provided and give people regular opportunity to feedback on the service they received.

People were involved in developing the service. They felt their views were listened to, valued and respected. People using the service and their relatives had good relationships with the staff that attended their care and spoke highly of the care they received. They felt the staff treated them with respect at all times and had a genuine interest in their health and welfare.

Staff told us they felt supported and all commented on the supportive style of management. They told us they felt listened to and part of a team devoted to providing a quality service. One member of staff said, "This is the best care agency I have ever worked for, I was almost at the brink of looking for an alternative career, but coming to work here has restored my faith in care work." Another member of staff said, "Coming to work for this company, I truly feel valued, they care about the clients and the staff." We saw that regular staff meetings took place to inform staff of any changes and to provide a forum for staff to contribute their ideas and views on how the service was being run. This demonstrated a positive inclusive culture, with discussions about the provider's vision for the service.

Staff were aware of the whistleblowing policy and they were able to explain the process to follow if they needed to raise concerns with the provider or outside of the company. The registered manager understood their responsibilities to inform the Local Safeguarding Authority of all safeguarding matters. They were also aware of their responsibility to notify the Care Quality Commission (CQC) of incidents and other events as required by law. The rating from the previous inspection was on display on the provider's website and within the agency office. The display of the poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and visitors.