

Hope Care Agency Ltd

# Hope Care Agency

## Inspection report

Office 10, Canalside House  
383 Ladbroke Grove  
London  
W10 5AA

Tel: 020 8960 1901

Website: [www.hopecareagency.co.uk](http://www.hopecareagency.co.uk)

Date of inspection visit: 16 and 17 December 2014

Date of publication: 31/03/2015

### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 16 and 17 December 2014 and was unannounced. At our last visit in November 2013 the service was meeting the regulations inspected.

Hope Care Agency provides support and personal care for adults and children. At the time of our inspection 11 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.

People's needs were assessed and care plans were developed to identify what care and support people required. However, some assessments and care plans were incomplete and provided insufficient guidance to staff about the needs of people using the service. Therefore people were not protected from unsafe and inappropriate care.



# Summary of findings

Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. However, the registered manager had failed on more than one occasion to report safeguarding matters to the Care Quality Commission. This meant that people using the service could not be confident that important events effecting their health, safety and welfare were reported and appropriately responded to.

The registered manager told us that staff were required to record arrival and departure times and all tasks completed in a people's daily log books. However, during our visit the registered manager was unable to provide us with copies of daily log sheets for any of the people using the service. The registered manager was therefore unable to demonstrate the quality and consistency of daily recording including documentation relating to people's medicines. This meant that the registered manager could not be assured and neither could we that people were receiving safe and appropriate care.

People were supported at mealtimes to access food and drink of their choice. Staff were required to prepare simple meals or reheat and serve food prepared by family members.

Most of the people using the service and their relatives told us they were happy with the care they received. Care staff told us they enjoyed the role of caring for people and always tried to make sure people were comfortable.

People told us they were aware of how to make a complaint. Health professionals we spoke with told us they had received a number of complaints in the past six months from people using the service. One relative told us that they had complained three times before a situation had been rectified satisfactorily. Records we looked at did not accurately document these complaints. Therefore we were unable to assess how the provider had managed these complaints and/or whether appropriate investigations had taken place.

Staff told us they received supervision every three months but we were unable to locate any records demonstrating that supervision was taking place on a regular basis.

The registered manager had failed to identify service inadequacies and appeared to be unaware of the importance of accurate and consistent quality monitoring. This meant that people using the service were not always protected from the risks of unsafe care due to ineffective decision making and inadequate risk management.



# 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 not safe. The provider had failed to notify the Care Quality Commission of safeguarding matters relating to people using the service.

Assessments were undertaken to identify any possible risks to people's health and safety but management plans in place lacked detail or any constructive recommendations as to how to minimise these risks.

There were suitable recruitment procedures in place. We saw evidence that criminal record checks had been undertaken and that employment references had been sought prior to staff starting work.

Staffing levels were determined according to the needs and dependency levels of people using the service. At the time of our visit, six care staff were employed by the provider which was sufficient to manage people's needs.

Inadequate



### Is the service effective?

Aspects of the service were not effective. Medical issues were not always included in people's care plans and there were no available guidelines on issues such as pressure area care or caring for people following a stroke.

People were supported at mealtimes to access food and drink of their choice. Staff were required to prepare simple meals or serve food prepared by family members.

People were involved in decisions about their care. Where people were not able to make specific decisions about their care their relatives and/or representatives held discussions about how to manage this in the person's 'best interests' as required by the Mental Capacity Act 2005.

Requires Improvement



### Is the service caring?

Aspects of the service were not caring. Minutes from safeguarding meetings demonstrated that care staff had on some occasions been negligent in their duties and therefore the service provided was not always caring, safe or appropriate.

Most of the people using the service and their relatives told us they were happy with the care they received.

Care staff told us they enjoyed looking after people and always asked people how they were and if they were comfortable.

Requires Improvement



### Is the service responsive?

Aspects of the service were not responsive. Assessments and care plans were not always completed to a good standard. Some important information was missed and some of the care plans contained insufficient guidance to enable care workers to meet people's individual needs.

Inadequate





# Summary of findings

The provider had no concrete system in place to effectively monitor the arrival and departure of care staff attending visits to people's homes. Daily log sheets had not been returned to the main office for review purposes and spot checks were too infrequent to provide adequate service monitoring.

Most people using the service were aware of how to make a complaint. Not all complaints had been logged by the provider and a health care professional told us they often had difficulty getting through to the service due to unanswered phone calls and/or the unavailability of a messaging facility.

## Is the service well-led?

Aspects of the service were not well-led. Staff told us they had received supervision recently but we were unable to find any records relating to supervision which had taken place within the past 12 months.

We found no evidence that poor practice identified during safeguarding investigations was dealt with through the provider's disciplinary policies and procedures and were unable to locate any records relating to such matters in staff files.

The service had a registered manager in post at the time of our visit.

**Inadequate**





# Hope Care Agency

## 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.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. This enables us to address any areas of concern and helps us plan our inspections. We did not receive all of the information we requested. We reviewed information we held about the service, including

complaints and safeguarding notifications. We spoke to a lead safeguarding officer, three social workers, a local authority customer feedback officer and manager from the home care monitoring team.

We carried out an unannounced inspection on 16 and 17 December 2014. The inspection was carried out by a single inspector.

At the time of our inspection the service had a registered manager who had been in post since 2011. During our visit we spoke with the registered manager and a part time office administrator. Following our visit we spoke with one person who used the service and four family members. We also spoke with four care workers. We reviewed the care records of 11 people who use the service and records relating to the management of the service such as complaints records and service evaluation data.



# Is the service safe?

## Our findings

There were some aspects of the service that were not safe. The service had a safeguarding policy which was provided to care staff before they commenced employment. Staff were knowledgeable about how to recognise the signs of possible abuse and told us they would report any concerns they may have to their manager. The registered manager told us they would report any safeguarding issues to the local authority, however, was unaware that she was also required to notify CQC of all incidents of abuse or allegations of abuse in relation to a person using the service. In the six months prior to the inspection, CQC had received three statutory notifications of safeguarding incidents from the local authority. Despite requests, at the time of our inspection we had still not received notifications from the provider in relation to two of these matters. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Minutes from recent safeguarding meetings demonstrated that care staff had on some occasions been negligent in their duties and therefore the service provided was not always caring, safe or appropriate. We discussed these issues with the registered manager who told us that she would be organising further training packages for staff around issues of care and dignity and information recording.

The registered manager told us that when people were referred to the service they were visited in their homes so that appropriate risk assessments could be completed. This included assessments that addressed environmental risks, prompting of medicines and any other risks due to people's health and support needs. Assessments we viewed included information about action to be taken to minimise the risks. However, action points did not extend beyond brief comments such as 'be careful at all times' and 'be alert.' Where people had restricted mobility and required hoisting there was no additional information or guidelines available to indicate how care workers should provide appropriate care and support. One person's care

plan indicated they had a pressure sore and that a district nurse was involved in the care of this person. However, we were unable to locate a risk assessment in this person's care plan that addressed this matter. Some of the care plans we looked at contained risk assessments that had not been fully completed or no risk assessments at all.

The provider's risk assessment policy stated that assessments should be reviewed 'from time to time' and updated if necessary. Only one of the risk assessments we looked at had been reviewed. It was difficult to see what this review had entailed as the comment added next to the review date, 'everything looking tidy and good' was an inadequate explanation of the review process. Therefore the systems in place for managing risks to people using the service were inadequate and did not protect them from harm. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

There were suitable recruitment procedures in place. We saw evidence that criminal record checks had been undertaken and that employment references had been sought prior to staff starting work. The manager informed us that applicants attended an interview to assess their suitability but we did not see this documented in people's records. We saw that all staff had a contract in their records and details of their role and responsibilities.

Staffing levels were determined according to people's support needs. There were six care staff employed by the provider at the time of our visit and this was sufficient to meet the needs of the 11 people using the service. The registered manager told us that in the event of staff absence they would contact existing staff members on their files to organise a replacement. The registered manager told us that people and/or their representatives would be informed of any potential delay or disruption to the service provided.

Relatives told us they felt their family members were safe. Some relatives explained that they worked alongside staff members and were therefore able to supervise and monitor staff as they carried out their duties.



# Is the service effective?

## Our findings

Aspects of the service were not effective. We spoke to an external trainer and assessor who had delivered a two day mandatory training course to care staff on the 26 August 2014 and 9 September 2014. The trainer explained that the course was designed to equip staff with the knowledge and skills required to support people in their own homes. The course covered areas such as safeguarding, mental health legislation, health and safety, medicines management, person centred care and equality and diversity. The training records for staff members were in the process of being updated at the time of our inspection but staff spoken with confirmed they had attended the above training sessions.

In addition to mandatory training, the registered manager told us all staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. Some staff had also completed training in areas such as moving and handling, first aid and English Language proficiency. Some staff had received training in the Mental Capacity Act (MCA) 2005 but the registered manager had not and told us she would be booking herself onto a course in the very near future. At the time of our visit the majority of people using the service had capacity to make their own decisions. A number of people receiving care also had family members living with them and/or had independently employed a live in carer who worked in collaboration with staff from Hope Care Agency.

The registered manager told us that staff received supervision every three months and an appraisal on an annual basis. We were unable to locate any documented records relating to supervision sessions in staff files nor did we see evidence that any staff member had received an appraisal within the past 12 months. Staff we spoke with told us they did receive supervision but that they hadn't been given any written record of these sessions.

The registered manager told us staff were required to complete an induction programme and shadow other more experienced members of staff before working on their own with people who used the service. We were told that staff went through a three month probation period during which time they were subject to spot checks and evaluation by the registered manager. Staff confirmed that they had completed an induction and had been observed carrying out their duties by senior staff members. However, we were unable to locate any information that recorded the findings of spot checks in staff records. The registered manager acknowledged that this information should be recorded in order to demonstrate that all staff members were being monitored and offered appropriate support and further training if and when required.

People's care records included their contact details and those of other relevant family members. Contact details of people's GPs and other health and social care professionals involved in their care and treatment were also included so that staff were able to contact them if they had concerns about a person's health. We were told that where staff had more immediate concerns about a person's health they had been trained to contact the manager, call an ambulance if appropriate and remain with the person until assistance was provided. We saw evidence that staff had on one occasion reported concerns about a person's deteriorating health to a social worker. However, a hospital social worker we spoke with told us that the provider did not always report concerns in a timely manner and that this lack of communication had been detrimental to people's health and wellbeing.

People were supported at mealtimes to access food and drink of their choice. Staff were required to prepare simple meals or serve food prepared by family members. Staff we spoke with confirmed they supported people with their meals and always offered them choices. A person using the service told us, "They do the cleaning and help me cook the food I want to eat, I have no complaints."



# Is the service caring?

## Our findings

Relatives told us they were happy with the support their family members received. One relative told us “Staff are wonderful, very sympathetic and very kind.” Another relative said, “Mum likes the [staff member] and gets along with her well.” Staff told us they enjoyed helping people and found the work rewarding.

Most people using the service told us they usually had the same carer 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. However, one relative told us staff had been late on repeated occasions necessitating three complaints to the registered manager.

We saw that visits and phone calls had been made by the registered manager to some but not all of the people and/or their relatives in order to obtain feedback about the staff and the care provided. Feedback we read was generally positive.

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. One relative told us, “Mum likes the carer and gets along with her. Mum’s comfortable. The staff always ask her along the way if all is ok, they agree things together.”

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. This information also included useful contact information for advocates and other statutory and voluntary services.

Staff had received training in equality and diversity and understood the importance of people’s cultural values and personal preferences. People’s choices about whether they preferred a male or female member of staff to support them was respected and this was confirmed by family members.



# Is the service responsive?

## Our findings

We spoke to a number of health care professionals who told us that some people receiving care and support from the service did not always have their individual needs regularly assessed and consistently met. For example we were told of one case where tasks specified in the care plan such as sorting correspondence and clearing a home in preparation for a house move had not been completed. We were also informed of two separate incidents where staff had recorded in people's daily logs that they had completed tasks such as food preparation and medicines prompting when evidence clearly indicated that this was not the case.

Care plans contained very little written information about people's medical histories. For example, during discussions with the registered manager we were told that one person using the service had diabetes and another person had a grade 4 pressure sore. We noted that these people were supported by family members and/or healthcare professionals. However, when we looked at the care plans for these people we were unable to locate individualised risk assessments or guidelines for staff in relation to these matters. The registered manager told us that details of medical issues were not always documented to protect people's right to privacy and confidentiality. However, for staff supporting people, this information plays an important part in how they carry out their tasks and without it, staff may fail to recognise the signs and symptoms that may indicate people's health and welfare is deteriorating.

The registered manager told us that where possible, staff were matched to the people they supported according to their needs. For example, people who were unable to speak English received support from staff who were able to

speak and understand the person's language. We were told that most care staff spoke two or more languages including English, Arabic, Spanish and Italian. However, plans lacked any detail about people's personal histories, individual preferences, past and present interests and future aspirations. This may have meant that the opportunity to allocate staff who shared similar interests with people who used the service was missed.

The above examples indicate that people using the service were not protected against the risks of unsafe or inappropriate care and treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman.

People who use the service and their relatives told us they knew how to make a complaint if needed. In the past 12 months the registered manager told us they had received three formal complaints which had been logged and responded to in accordance with the provider's policies and procedures. One relative told us they had complained three times about lateness and missed visits before the situation had been rectified. We noted that these complaints had not been included in the complaints log book. A local authority representative told us they had received at least six complaints within the past six months regarding timekeeping issues and missed visits. Therefore the complaints system did not effectively reflect the complaints made or how these were managed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.



# Is the service well-led?

## Our findings

The service had a registered manager who was supported in her role by three office administrators.

The registered manager told us she monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. She told us she undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and contacting people by phone to obtain people's feedback. We saw copies of evaluation forms in some of the care plans we looked at and noted that feedback was generally positive. However not everyone using the service and/or their relatives had received visits or phone calls requesting feedback.

The registered manager told us staff recorded their visits on daily log sheets kept in people's care plan files within their own homes. We were told that these log sheets were collected and returned to the office on a monthly basis for auditing purposes. We asked the registered manager if we could see copies of daily notes. The registered manager told us that there were no daily notes available to look at for any of the people using the service as staff had not collected and returned these notes to the office. This meant that the registered manager was unable to provide us with evidence to demonstrate the quality and consistency of daily recording including documentation relating to medicines.

We spoke to health and social care professionals who told us they had identified some serious concerns relating to the completion of daily logs within the past six months. We

discussed these issues with the registered manager who acknowledged there had been occasions when staff had completed logs incorrectly. We were told that these staff members had been suspended until investigations were completed. We were unable to locate any records of discussions or disciplinary action that had taken place in relation to these matters in the relevant staff employment files.

People who use the service and their relatives told us they had a good relationship with the manager and felt able to raise any concerns they may have. Some health and social care professionals told us they had sometimes found it difficult contacting the manager because phone calls were not always responded to and there was no facility to leave a message. We tested the phone line during our inspection and listened to the recorded message that told us not to leave a message. We discussed this with the registered manager who told us they would ensure that the situation was rectified immediately.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would log any incident in people's care plans and also report this directly to the manager. We saw from records that no accidents or incidents had occurred and/or had not been logged and/or reported in the past 12 months.

The registered manager had failed to identify any of the above shortfalls and appeared to be unaware of the importance of consistent assessment and monitoring of service provision. This meant that people using the service were at risk of unsafe care and support due to ineffective decision making and the management of risks. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services  <b>The registered provider must take proper steps to ensure that each service user is protected against the risks of receiving care that is inappropriate or unsafe. Regulation 9 (1) (a) (b) (i) (ii)</b>

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  <b>The registered provider must protect service users, and others who may be at risk, against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to assess and monitor the quality of services. Regulation 10 (1), (2) (a) (b) (c) (i) (e)</b>

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  <b>The registered provider must notify the Care Quality Commission of any important event that affects people's welfare, health and safety so that where action is needed, action can be taken. Regulation 18 (1), (2) (e).</b>

Regulated activity	Regulation
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints



This section is primarily information for the provider

## Action we have told the provider to take

The registered provider must have appropriate systems in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users or persons acting on their behalf. Regulation 19 (1), (2) (c) (d).

### Regulated activity

Personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered provider must ensure that people who use the service are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper and accurate information recorded about them. Regulation 20 (1) (a) (b) (i) (ii).