

New Hope Specialist Care Ltd

New Hope Care Brook Road

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?

Good ●

Summary of findings

Overall summary

The inspection took place on 2 August 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides a domiciliary service and we wanted to make sure that staff would be available. The last inspection of the service took place on 17 October 2013 and the provider was compliant in all areas inspected.

New Hope Care Brook Road is a domiciliary care and supported living service registered to provide personal care to people living in their own homes. The service currently provides care to nine people.

There was a registered manager 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 were supported by staff who had undergone recruitment checks to ensure that they were safe to work. Staff understood how to report concerns of abuse and how to manage risks to keep people safe.

People were supported with their medication in a safe way. There were sufficient numbers of staff available to support people.

Staff displayed a good knowledge of how to support people and told us they were receiving training and supervision. There were gaps identified in staff training and staff had not always received training relevant to the needs of the people they support.

Staff were aware of the need to gain consent from people and people had their rights upheld in line with the Mental Capacity Act 2005.

People were supported with meals where required and had staff support to access healthcare services when needed.

Staff were kind and treated people with dignity. Staff supported people to maintain their independence where possible.

People were involved in the assessment and review of their care. Staff knew people well and understood their preferences with regards to their care.

People were informed on how they could make complaints and were given the opportunity to feedback on the service in questionnaires.

Relatives and staff spoke positively about the leadership at the service and felt able to approach the

registered manager when needed.

There were systems in place to monitor the quality of the service and the registered manager had clear plans for the future development of the 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 was safe.

Staff knew how to report concerns and how to manage risks to keep people safe.

There were effective recruitment procedures in place to prevent unsuitable staff being employed by the service. There were sufficient numbers of staff available to meet people's needs.

People were supported with their medication in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff displayed a good knowledge of how to support people effectively.

People were supported to make their own decisions in line with the Mental Capacity Act (2005).

People were supported with meals and to access healthcare services where required.

Is the service caring?

Good ●

The service was caring.

Staff were kind and treated people with dignity.

People were given choices and supported to be involved in their care.

People were advised about advocacy services where required.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and review of their care.

Staff knew people's likes, dislikes and preferences with regards to their care.

People had not needed to complain but staff were aware of how to support people to do this if needed.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff spoke positively about the registered manager and felt able to approach her where needed.

People were given questionnaires to provide feedback on the service.

There were systems in place to monitor the quality of the service.

New Hope Care Brook Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 August 2016 and was announced. We gave the provider 48 hours' notice as the service provides a domiciliary care service and we needed to ensure that someone would be available at the office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has experience of using this kind of service.

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. We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with three relatives. We also spoke with three members of care staff and the registered manager. We looked at four people's care records, staff recruitment and training files and quality assurance audits completed.

Is the service safe?

Our findings

A relative we spoke with confirmed that they felt their family member was safe with staff. The relative told us, "They [care staff] are there to make sure my relative is safe while I am not here".

Care staff we spoke with were able to describe the types and signs of abuse and knew how to report any concerns they may have. One member of care staff said, "If I was concerned about abuse, I have to inform my manager and they should deal with it". Staff told us and records confirmed that staff had received training in how to safeguard people from abuse and we saw that where concerns had been raised, the registered manager had reported these appropriately.

Care staff had a good understanding of the risks posed to people and how to manage these to keep people safe. One person had specific health needs that staff needed to support with. The staff we spoke with displayed a good understanding of the risks this posed to the person and what action they needed to take to keep the person safe. Records showed that other people could sometimes display behaviour that challenged. The staff were aware of the strategies they should follow to manage this risk. The actions they took included; speaking to the person, taking them away from the cause of the behaviour and the use of distraction. We saw that people had risk assessments in place that identified the individual risks posed to them and how staff should support with these. The risk assessments looked at areas including; fire safety, remaining safe at home and support with medication. The registered manager told us that records on accidents and incidents were kept at the person's home and so we were unable to view these. However, the registered manager displayed a good understanding of how they learnt from accidents to reduce the risk of these re-occurring. The registered manager told us, "We analyse any accidents and look at what action needs to be taken. We will do things like updating the risk assessments or referring people to other teams like the community mental health team".

The provider told us in their Provider Information Return (PIR) that prior to starting work, staff were required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would identify if a prospective employee had a criminal record or had been barred from working with adults. Staff we spoke with and records we looked at confirmed these checks were completed. We saw that staff who had been employed by the service for a number of years had updated their DBS check to ensure they remained safe to work. This meant that systems were in place to ensure that unsuitable staff were not employed by the service.

Relatives we spoke with told us they had regular staff visit their home and that staff came on time. One relative told us, "They [care staff] are on time and it is mainly the same carers who come each time. They have not missed calling". Another relative said, "They [the office staff] send me a rota every three months and if there are any changes, they call and let me know. They have never missed calling on my relative so that's good". Staff we spoke with felt there were enough staff to meet people's needs and did not feel rushed when supporting people. The registered manager showed us their rota system and we saw that people received their care at the same time and people had access to regular care staff wherever possible.

Some people received support with their medication. Relatives we spoke with were happy with the support their family member received with this. One relative said, "They [care staff] prompt my relative to take their medication when they are here". Staff told us and records confirmed that staff had received training in how to support people with their medication in a safe way. We saw that care staff had completed Medication Administration Records (MAR) where support was required and that these MAR's were audited by the registered manager to ensure that medication had been given as prescribed and recorded appropriately.

Is the service effective?

Our findings

Relatives we spoke with felt staff had the skills required to support their family member. One relative told us, "Overall, they [care staff] are competent in what they do". Another relative said, "[Staff member's name] knows what he is doing".

Care staff we spoke with told us that before starting work, they completed an induction to introduce them to the job role. Staff said that this induction included completing training and shadowing a more experienced member of staff. One member of care staff said, "I was introduced to people, shown around and then I shadowed for two days. I had also done all of the E-Learning". E-learning is training given online. The provider told us in their Provider Information Return (PIR) and the registered manager confirmed that new staff were enrolled on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life.

Staff told us they had access to ongoing training to support them in their role and that they felt this equipped them to support people effectively. One care staff told us, "The training is good, it helps me and keeps me doing the job properly. It does equip me for the role and to understand the people I look after". Another member of care staff said, "The training is really good I think". We looked at records kept on staff training and saw there were a number of areas in which staff had not received training. For example, not all staff had received training relevant to the needs of the people they were supporting including 'epilepsy awareness' and 'behaviours that challenge'. We could not see from these records that training in these areas had been booked. We spoke with the registered manager who was aware that there were a number of areas in which staff required updates to their training. The registered manager explained they had struggled to source the necessary training due the availability of the courses but that they were currently looking into this to ensure that all staff training would be updated in a timely way in future. Although not all training was up to date, staff we spoke with were knowledgeable about their role and how they should support people with specific needs.

Staff told us they had access to regular supervisions with their manager to discuss their work and any training needs they have. One member of care staff told us, "Supervisions are every three months. I can discuss if I am unhappy or how I feel about my training".

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.

We checked whether the service was working within the principles of the MCA. Relatives we spoke with confirmed that staff sought their family members consent before providing them with support. One relative told us, "The carers are polite, respectful and tell my relative what they would like to do and ask if it is ok". Staff we spoke with had not received training in MCA and could not explain how this impacts how they

support people. However, staff understood the importance of gaining consent before providing support. One member of care staff told us, "If people are able to make their own decisions, then they should. We can help them access advocacy if needed". We saw that one person received their medication covertly. Covert medication is medication hidden in food or drinks. We saw that this had been done in line with the MCA and that a best interests meeting had been held with healthcare professionals about the least restrictive way to do this. We saw that it was agreed that only certain medications would be given covertly and only once the person had refused to take these when offered. We saw written guidance in place for staff about this and staff knowledge reflected this information. This meant that the person's rights had been upheld in accordance with the MCA.

Some people received support with their meals. One relative told us, "One evening a week, staff do my relative a meal as I am not here". Staff we spoke with knew people's specific dietary requirements and could demonstrate how they ensured people had choices with regards to their meals. One member of staff told us how they support one person with their meals. The care staff said, "For meals, we always ask what people want and for those in supported living we go through options in service user meetings".

People were supported to access healthcare services where required. Staff we spoke with understood how to support people with their healthcare needs and described the action they would take if they felt someone was unwell. One care staff told us, "If someone wasn't well, I would always call the GP". We saw records that confirmed people had been supported to attend appointments that included; opticians and podiatry.

Is the service caring?

Our findings

Relatives we spoke with told us they felt that staff were kind and caring in their approach. One relative told us, "It is a good caring service that we are happy with". Another relative said, "[staff member's name] is polite and kind. They play with [person's name] which he likes and I can always hear him laughing when he is with [staff members name]". Staff we spoke with displayed warmth when discussing the people they supported and spoke about people in a caring way.

Relatives we spoke with confirmed that they and their family members were involved in their care. One relative told us, "Staff communicate well with us". Staff told us how they ensure that people were involved in their care and given choices. One member of care staff said, "We give people choices by asking them what they would like. If they do not want us to do what is in the care plan, as ask what they would like". Records we looked at showed that people had been consulted about their care and were given choices daily. For example, people were given choices on what time they would like to go to bed and this was recorded in the records for staff to follow.

People's relatives told us that staff treated their family member with dignity. One relative said, "Staff are polite and do treat my relative with dignity and respect". Staff we spoke with were able to give examples of how they ensured that people's dignity was promoted and that people were given privacy when required. One member of care staff said, "I will always knock the person's door and wait for them to say I can go in. I also make sure I respect people's wishes". Another staff member told us, "We respect people's choices, feelings and wishes".

Staff told us they encouraged people to maintain their independence where possible. One care staff told us, "I encourage independence by asking the person to do some jobs themselves". The staff member went on to explain that they looked after one person's money for them but that when they supported the person to go shopping, they encouraged the person to hold onto their own money and pay for items independently to ensure they maintain this skill. Records we looked at gave staff guidance on what tasks people were able to do independently and how staff should encourage the person to do this. For example, one record we looked at detailed that the person was able to clean their own bedroom and make their own bed and staff confirmed they encouraged the person to do this.

People who received care from the service did not currently require the support of an advocate. We spoke with the registered manager about these services. The registered manager knew the procedure to follow to access these services for people if required in future. We saw in records that the use of advocacy services had been discussed during reviews with the person where the registered manager felt the person may benefit from this service.

Is the service responsive?

Our findings

The provider told us in the Provider Information Return (PIR) that each person received an individual care needs assessment before receiving support and we saw that these took place. This assessment looked at the person's health needs, what support they required and how they preferred to communicate. Records showed that where possible, people were involved in these assessments. People were also supported to take part in reviews of their care. One relative told us, "My relative had not had a review but recently has with the new manager". Records we looked at showed that people and their relatives had been invited to take part in reviews and make changes to their care when needed. We saw that where people had made requests at their reviews, these were acted upon. For example, we saw that one person had said they would like to be supported on a summer holiday. Our discussions with the registered manager showed that the person had since been supported to visit Blackpool with staff.

Relatives told us that staff knew their family members needs well. One relative said, "[staff member's name] knows [person's name] well". Another relative said, "We have had the carers [staff] a long time so they know what needs to be done". Staff we spoke with displayed a good understanding of people's likes, dislikes and preferences with regards to their care. One staff member told us about a person they supported and explained this person's preferred daily routine as well as how they should manage the risks posed to the person's health. Records we looked at held personalised information about people's preferences with regards to their care and we saw that staff knowledge reflected this information.

We saw that where people wished to observe religious practices, they were supported to do so by staff. Records indicated whether people wished to practice a religion and we saw that one person did. Records showed and the registered manager confirmed that this person was supported to access their local church on a monthly basis.

Relatives confirmed that they knew how to make complaints if they needed too. One relative told us, "If I had any concerns or needed to complain, I would call the office who I know would help us". Staff we spoke with was aware of the complaints procedure and what action they should take to support people who wish to complain. One member of care staff told us, "If someone wanted to complain, I would listen to their problem and then go to the manager". We looked at the records kept on complaints and saw that no complaints had been made. The registered manager told us how they would manage any complaints that were made. The registered manager said, "I try and handle any grumbles by having an informal chat with the person. Formal complaints would be handled in line with our complaints procedure".

Is the service well-led?

Our findings

Relatives spoke positively about the service. One relative told us, "I feel that the service is good. There's not much more I can say".

Staff we spoke with had a clear understanding of their role and responsibilities and told us they felt supported by management. One member of care staff told us, "I can approach [registered manager's name] with any concerns, she always has a smile for you and that makes you feel comfortable". All staff spoken with told us they had regular supervisions and team meetings in which they could seek support from the manager and provide feedback. One care staff said, "We have staff meetings every three months. We discuss how to look after people, any changes and they remind us of other things we need to do". Other staff told us they had access to a manager over a 24 hour period if they needed support. The staff member said, "Managers are available out of hours if I need them". One staff member told us about a time they required manager support out of office hours. The staff member spoke positively about the experience and told us that the registered manager responded to them in a timely way.

We saw evidence of an open culture at the service. Staff we spoke with were aware of how to whistle blow and told us they were comfortable in raising concerns with the registered manager. One member of care staff told us, "[Registered manager's name] is great. I can go to them to report problems and I respect them for it". Another care staff said, "I know what whistleblowing is. I know I can go to Care Quality Commission or the police to report concerns". The registered manager was aware of her legal responsibility to notify us of incidents that occurred at the service and we saw that she had reported concerns appropriately. We asked the provider to complete 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 had completed and returned their PIR to us within the timescale we gave and our findings reflected the information given to us as part of the PIR.

We saw that there were systems in place to monitor the quality of the service. This included checking medication to ensure this has been given safely, auditing people's finances where people receive support to manage money and health and safety checks of people's homes. We spoke with the registered manager who told us the actions they had taken where areas for improvement had been identified. Records we looked at showed that the registered manager completed spot checks on staff to ensure they remained competent in their role.

We saw that people were provided with questionnaires to gather their feedback on the service. This was confirmed by a relative who told us, "I am sure I have filled out a form at some time about the care my relative has". We looked at the responses received from the questionnaires and saw that people had indicated they were satisfied with their care. Where one person had commented they did not have the telephone number for the office, we saw that the registered manager took action and ensured the person was given her contact telephone number.

The registered manager told us they felt supported by their line manager and the provider and they had

clear plans for the service. The registered manager told us, "I want to support more people out of residential care and into supported living. I also want people to continue being happy with their support".