

Hope Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hope Homecare Services Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection the service was providing care to one person; this person received personal care.

Not everyone who uses domiciliary care services receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had not always ensured staff were safely recruited or that all required training and competency checks were completed prior to working unsupervised. Processes relating to care plan updates were not robust.

We have made a recommendation about care records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person spoke positively about the care provided. They were supported by staff who knew them well.

The person's care plan was personalised including information that was important to them.

The service had a positive culture where staff described feeling well supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The registered manager took action during the inspection to address our concerns. This included some amendments to the person's care plan following our feedback. They also started a full review of staff's Disclosure and Barring (DBS) checks and created an alert in the system to generate a reminder to renew staff's DBS every three years.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment and staff competence at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hope Homecare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 January 2022 and ended on 4 February 2022.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the person who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, and care workers.

We reviewed a range of records. This included the person's care and medication record. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not always ensured staff were safely recruited. We saw gaps in staff recruitment files, such as not having a full employment history or evidencing appropriate references. One member of staff had started working unsupervised prior to receipt of a disclosure and barring service (DBS) check. These background checks enable services to make sure the people in their care are protected, without which they could not be assured staff were suitable to provide care.

The above demonstrated a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection, the person's DBS had been received. Following our feedback, the registered manager provided copies of DBS for all staff and was arranging updates for all those over three years old.

- There were enough staff to meet needs and provide good quality care.
- Staffing was well organised to ensure the person received care from familiar staff who knew them well.
- We found no evidence of missed visits. There was an electronic system which alerted office staff if a visit had not been made within 15 minutes of the scheduled time.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy, but it did not state the correct Adult Safeguarding Team for referrals to be made to.
- Staff received training on how to recognise and report abuse. They could give examples of safeguarding concerns which they would report to the office.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risk. For example, assessments described risks to people's home environment.
- Potential risks to the person were included in the care plan and there were prompts for staff at each visit to monitor these. Staff we spoke with did not tell us all the risks to the person highlighted as being the most important; however, they were providing care in line with needs and knew the person well.

Using medicines safely

- The person was given their medicines safely and as prescribed, and it was recorded on their medicine

administration record (MAR).

- Staff received regular medicines assessments to check their practice and competency at medicines administration. However, one member of staff was administering medication prior to completion of adequate medication training and competency check. This meant there was a risk of medication not being administered correctly.
- There was a prompt in the care plan to check whether more medicines needed to be ordered and instructions of what to do.

Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC).
- There were prompts in the care plan for staff to confirm they were wearing personal protective equipment (PPE) which included gloves, apron, mask and face shield and a further prompt about hand hygiene with detailed instructions on when and how to wash their hands or use hand gel.
- Staff told us they had enough PPE available and what they were required to wear.

Learning lessons when things go wrong

- We reviewed one incident and saw it had been recorded with action taken and information shared with another organisation where the error had occurred.
- The registered manager told us any incidents would be investigated and lessons learned shared with staff to reduce the risk of them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's care plan was detailed and personalised. It provided the necessary information for staff to meet their needs, in line with current guidance and standards.
- Care plans were reviewed annually, or if there was a change in people's care and support needs. The person's care plan had been reviewed. The review was a separate document and although not all updates had been fed into the care plan, the daily visit prompts were up to date, and staff were aware of the person's needs.

Staff support: induction, training, skills and experience

- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to person's needs.
- Induction for new staff included completion of mandatory training and a week shadowing another member of staff.
- The registered manager supported staff to develop through regular supervision and annual appraisals. The system generated an alert when training, spot checks, appraisals etc were due. We saw evidence that these had been completed with areas for improvement identified as well as positive feedback given.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported with their nutritional needs and encouraged to drink.
- The person told us that staff offered to help with meal preparation, but they were happy and able to manage by themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing. This included making referrals to occupational therapists to ensure people had suitable equipment.
- Staff had practical information to support people with their healthcare needs. Care plans contained prompts and guidance for staff on action to take, should a person become unwell.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Not all staff had received MCA training, but they were able to tell us that it relates to a person's ability to make decisions. One member of staff described what they would do if a person with capacity refused to take their medication, demonstrating that they understood their right to refuse.
- The person's care plan contained information about decisions they were able to make for themselves and consent had been obtained when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant the person was supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was happy with the care provided. They told us, "(Staff) are very good, I've got no complaints."
- Staff were able to tell us about the person's preferences and how they liked to be supported.
- The care plan included a prompt for staff when it was the person's birthday.

Supporting people to express their views and be involved in making decisions about their care

- The person told us they had been fully involved in decisions made around the care being provided and we saw evidence of this in their care plan. Their views continued to be gathered during the regular reviews and spot checks undertaken.

Respecting and promoting people's privacy, dignity and independence

- The service ensured the person's confidentiality was always respected. Records were kept securely. Each staff member had their own login details to any information stored electronically.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person received a personalised care plan based on their assessed needs. Care plans included a 'what is important to me' section which gave details of family/important relationships, important life events and hobbies.
- The person was supported by a small staff team who knew them well and how they liked to be supported.
- The person's care was reviewed regularly, and the person had opportunities to shape the service they received. Staff told us that if anything else needed doing for the person they would do it and arrange for the care plan to be updated. The person confirmed this, saying, "They always ask if there is anything else they can do for me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care plan included what communication aids the person required with prompts for staff to ensure they had them.
- The care plan was written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints. A copy of the complaints procedure was included in the file kept in the person's home.
- At the time of our inspection the service had not received any complaints or concerns. There was a process for complaints to be logged on the system and a report could be generated to monitor for themes.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- An advance statement had been completed with the person which included their preferences, wishes, beliefs and values regarding future care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems and processes did not identify the shortfalls we found at this inspection. A new member of staff had not undergone the appropriate recruitment and competencies checks before supporting people unsupervised. We did not find any impact of the processes, but improvements were needed to minimise risk as the service grew.
- The care plan we reviewed had not been updated in full following the annual review. This meant there was a risk that staff did not have the most up to date information about the person's needs.

We recommend the provider develops a robust process to ensure all care records contain up to date information.

- The person's care plan included medication that was to be administered at a time they did not have a visit. There was also a discrepancy between the visit instructions section of the care plan and the medication assessment. We raised both issues with the registered manager and the care plan was amended.
- The day to day running of the service was managed by the registered manager. There was a clear staffing structure at their second location which included a deputy manager, two field supervisors and an office manager. As the Harlow location expanded there were plans to replicate the structure there.
- There were some quality assurance systems in place. Audits included IPC, medicines and visit logs. The visit logs were reviewed daily which meant that any concerns documented but not reported to the office were identified promptly and action taken. More robust systems to ensure the manager had full oversight would be needed as the service grew.
- The system generated various alerts. If a visit had been missed, or an entry had not been made for any of the required tasks, the office team would contact the care worker to investigate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt well supported by their manager and the office team. One told us: "Any issue, if it is beyond our control, we report to them and they deal with it."
- The service achieved positive outcomes. The person fed back to the service that "seeing a few friendly faces every day and having a lovely chat is wonderful".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest with people if something went wrong. Records showed how they had dealt with incidents and actions taken to prevent them happening again. For example, an incident had occurred at the provider's other location and prompted a review of all care plans and amendments as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought regular feedback from the person they supported. Quarterly quality monitoring phone calls were made by a person not directly involved in their care. It was felt this increased the likelihood of receiving honest feedback.
- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Satisfaction surveys for staff were undertaken and results were positive. One staff member had commented, "Hope Homecare service is very good I would use it for my family member."

Continuous learning and improving care

- There were effective checks on the quality of care which were used to improve the service. Spot checks and competency checks were made regularly.
- We found there was a positive culture around continually learning and developing the service. One member of staff told us that in team meetings they discussed how to move forward, how to improve.

Working in partnership with others

- Staff worked with other professionals. Records showed a referral had been made to request equipment.
- Contact details were included in the care plan for other professionals, such as the pharmacy, GP and district nurses. However, we found that the number provided for the district nurse was not in use.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Some staff worked unsupervised prior to their DBS check, medication training and competency checks being completed.