

New Hope Specialist Care Ltd

# New Hope Care Coventry

## 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

This inspection took place on 17 January 2018 and was announced. At our last comprehensive inspection in November 2016 the service was in breach of four legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 12, Safe care and treatment; Regulation 18, Staffing; Regulation 19, Fit and proper persons employed; and Regulation 17, Good Governance.

Following the comprehensive inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'Safe', 'Effective' and 'Well-Led' to at least 'good'. In January 2017 we went back to the service to do a 'focused' inspection to check people who used the service were safe. We saw at the focused inspection improvements had started to take place. During this inspection we found the service had continued to improve and there were no longer any breaches in the Regulations.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our visit it provided care to 11 adults. We spoke with two people and seven relations.

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.

The service provided care to a much smaller group of people than during our last comprehensive inspection visit, and with a reduced number of staff working at the service. There was a new office team and management structure. The office and management team were clear about their roles and responsibilities and worked well together to improve the service provided to people. Staff told us they enjoyed working for the service, and felt supported by the office and management staff.

Management had reflected on where they had gone wrong in the past, and had put measures in place to make sure they identified issues quickly so they could be rectified at an early stage.

Care records had improved since our last inspection. They now provided staff with clear information about the risks related to people's care and how they could best minimise these when delivering support to people. People's care needs were regularly reviewed, and the office was in regular contact with people or their relatives to check care provided was what people wanted and expected. Most people felt the office and management team listened to them and dealt with any concerns they had.

Most people and relatives of people who used the service told us they received care from staff who were kind, friendly and knew how to support them. People's dignity and privacy was respected by the staff who supported them. Food and drink was provided in line with people's requests.

Most people told us care workers arrived at the time expected, and undertook the care tasks as outlined in their care plan.

People felt safe with the care workers who supported them. Recruitment practice had improved since our last visit, and now all pre-employment checks had been carried out before staff started to work for the service.

Care workers understood the Mental Capacity Act, and the importance of gaining people's consent before delivering care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff made sure they used protective clothing when providing personal care to reduce the risk of infection being passed from one person to another.

People who were supported with medicines, received their medicines from staff who had been trained to administer them. Medicine records had improved since our last inspection, and now informed staff of the reasons why people were prescribed their medicines. Medicine checks ensured staff administered medicines correctly. Staff worked well with health care professionals when required.

Staff training had improved since our previous inspection. Staff received training to support their skills and knowledge to provide effective care. They received regular individual support sessions from senior staff. Senior staff also undertook unannounced checks at people's homes to ensure staff provided care to an acceptable standard.

## 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 is safe.

People received care from staff who had gone through a robust recruitment procedure. Staff understood people's risks and provided support which minimised these. There were enough staff to provide care to people, and most people and relatives said staff arrived on time and stayed the right length of time. Staff knew about infection control procedures. Management had learned lessons when things had gone wrong.

### Is the service effective?

Good ●

The service is effective.

Staff received the training and support they needed to meet the needs of the people who used the service. People's consent was sought. People were supported in line with the Mental Capacity Act 2005 (MCA). Food and drink was provided in line with people's requests; and healthcare professionals were involved when required.

### Is the service caring?

Good ●

The service is caring.

Most people and relatives told us staff were kind, caring and friendly. They felt staff respected the person's privacy and treated them with dignity. Staff understood people's care needs and people were encouraged to maintain their independence.

### Is the service responsive?

Good ●

The service is responsive.

People received an initial assessment prior to the service delivering care. The provider had detailed care plans which were reviewed and updated when the person's needs changed, or communication with relatives had identified changes were needed. The provider regularly engaged with people and their relatives, and were open to concerns or complaints being raised. People mostly received care from staff they were familiar with.

## Is the service well-led?

Good 

The service is Well-led.

A new office and management team, closer liaison with the provider, and improved quality assurance systems had improved the service. Most people were pleased with the service they received and all staff were happy working for New Hope. The provider had met their legal obligations.

# New Hope Care Coventry

## **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 service is a domiciliary care agency. It provides personal care to people living in their own homes.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of. We contacted the local health commissioners who had funding responsibility for some of the people who were using the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on Wednesday 17 January 2018 and was announced. The provider was given 48 hours' notice of our visit. This was because the location provides a small domiciliary care service and we wanted to be sure staff would be available to meet with us as part of the inspection visit.

There were eleven people who received personal care from the provider at the time of our inspection. The service was inspected by one inspector.

During our visit to the location we spoke with four staff, the provider, the administrator, and the care co-ordinator. We also looked at the records of three people who used the service, and records related to quality and safety. On the day after our visit we spoke by phone with two people who used the service, and seven relatives of people who used the service.

# Is the service safe?

## Our findings

This key question was rated as 'Requires Improvement' at our last comprehensive inspection, with two breaches of the Regulations. These were Regulation 12, Safe care and treatment; and Regulation 19, Fit and proper persons employed; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previously, the provider breached Regulation 12 because the assessments of risks related to people's care did not always provide staff with sufficient information to support them in making sure risks were minimised. For example, at the last inspection one written risk assessment related to feeding a person through a tube into their stomach (PEG feeding). This did not provide staff with enough information to assure us they would know how to support the person safely. At this visit we found the risk assessment provided staff with a lot of detail about how to provide food through the tube, and how to make sure the tube was clean so the person did not risk getting an infection. We also saw staff had received training from the nursing team to support them with this practice.

We found other risk assessments provided detailed information for staff. For example, where a person was diabetic, the care information explained to staff how they might determine if a person was having a 'hyper' (when the blood glucose level is too high), or 'hypo', (when the blood glucose level is too low) and what they had to do in response to this to keep the person safe. A member of staff told us of an occasion where one of the people they supported became unwell because their blood/sugar level was too high. They called an ambulance for them to take them to hospital.

At our previous inspection visit we found there was not enough recorded information to support staff's knowledge of the medication people were prescribed, what the medicines were for, and whether there were any risks associated with their administration. During this visit, we found information about the person's medication was in their care file for staff to read. Staff who supported people to take medicines had been provided with medicines training and their ability to administer medicines safely had been checked by members of the management team. Medicine records had also been checked to make sure they had been completed properly, and any errors had been discussed with the member of staff.

This meant the service was no longer in breach of Regulation 12.

Previously the provider breached Regulation 19 because their recruitment processes were not safe. We found documents were not always completed or available, to evidence safe recruitment had been fully implemented.

During this visit we found recruitment procedures were thorough and staff had not been recruited until all safety checks had been complete. This included waiting for criminal record checks to be returned from the Disclosure and Barring Service (DBS) and references from previous employers, or character references. Staff confirmed to us they were not able to start work until the provider had received all the checks requested.

This meant the service was no longer in breach of Regulation 19.

Relatives and people we spoke with felt safe with the staff who supported them. One relative who lived close by to the person the staff supported, told us if staff were concerned about the person's safety or well-being they would 'pop over' to their house to let them know. People who had used the service previously told us they felt there had been big improvements. One said, 'I've had this company for x months, initially they were dreadful...but now they've had a big change of staff and lately they're pretty good.' Another said, 'They were going through a rough patch, but since then there has been no problems.'

We asked people if staff turned up at the time expected. Most people told us their care worker or care team arrived at the expected time, or if they were late, it was no more than 15 minutes. One person we spoke with was not as satisfied with the service. Their experience was of care workers not arriving at the agreed time, either arriving very early or very late. However, whilst this person was unhappy with the timing of the care calls, they said the care workers who attended the call were 'fantastic'.

We looked at the tracking record kept by the provider of late calls. This had identified seven late calls in 2017. The provider determined late calls to be over 15 minutes later than the time expected by the person; however the contract with people meant they could be up to 30 minutes later than the agreed time. We found four of the late calls were caused through confusion from staff about changes in the rota; one was because a car had broken down; and one was because a care worker forgot to go.

We asked staff if there was enough time allocated for travel between each care call. Staff confirmed there was, but said sometimes the traffic meant they were late. They told us there were enough staff employed by the service to meet people's needs.

Staff understood how to safeguard people from harm. They knew the importance of, for example, alerting the office if they found unexplained bruising or if a person's behaviour had changed. They also knew to write down what they saw and heard if they thought it related to safeguarding people so safeguarding authorities could investigate their concerns.

Staff understood their responsibilities to protect people from infection. They told us they used gloves and aprons when providing personal care, and disposed of these when they completed their care. This was to reduce the risk of infection spreading from one person to another. People and relatives confirmed staff used protective equipment when supporting them with personal care.

The service learned lessons when things had gone wrong. The provider acknowledged they had not provided a good service previously and had become too distant from the service delivery. They now spent time at the service each week so they got to know staff and the people who used the service. They told us they had gone through a 'period of reflection' and decided they needed to create a sense of the service being the 'New Hope family' where staff and management worked in partnership with each other and with the people they provided care for.



# Is the service effective?

## Our findings

This key question was rated as 'Requires Improvement' at our last comprehensive inspection in November 2016, with one breach of the Regulation. This was Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Previously the provider had breached Regulation 18, because staff had not received the training required to provide effective and safe care. The training that was provided was of poor quality because it took staff just two days to complete 13 training courses. People voiced concerns to us that they felt the newer staff at the service had not completed training.

During this inspection, we asked people if they felt staff were trained to provide care to them. People felt staff understood theirs or their relations needs and knew how to support them. One person told us staff knew how to use the PEG for their relation; another who had contacts with a dementia organisation told us the office manager had asked for a contact name to provide staff with further knowledge about supporting people with dementia.

All the care workers we spoke with told us they had received training to help them work effectively in their role. They told us this included training to safeguard people from harm, the Mental Capacity Act, infection control, and moving people safely. The provider had a computerised table which showed the training staff had been provided and the date of provision. This time, we saw training had taken place over the course of a few days. The provider told us they now had a 'company' trainer who came to the Coventry office to provide training for staff. This helped staff understand better the training delivered, and gave them more time to ask questions. This was of particular benefit for staff for whom English was not their first language.

We asked care workers questions related to the training they had undertaken and their answers demonstrated they understood the topic areas. For example, we asked questions about the Mental Capacity Act, and about wound care. Staff understood the importance of providing people with choice and respecting when people declined care. They also understood the need to act quickly if a person, who was identified as at risk of developing pressure sores, were seen to have skin which was reddening, or beginning to break down.

Staff told us they had undertaken the Care Certificate training. The Care Certificate was introduced in April 2015 and sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. We saw Care Certificates were in the staff files of those we checked.

A staff file confirmed the member of staff had a 12 week induction to the service. This included three days of working alongside a more experienced member of staff. By the fourth week, the staff member had demonstrated competence in different aspects of their role. By the 12th week, the record showed they had an unannounced performance check and had received supervision and feedback of their performance.

This meant the service was no longer in breach of Regulation 18.

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's capacity had been assessed to determine what they could do on their own, and what support they needed in their best interest. For example, the assessment checked whether the person could give consent to staff who entered the property to provide care to them, what clothes they might want to wear that day, and what meals they might want to eat.

One person had capacity and expressed a desire to have porridge for breakfast. The person was using a PEG because they were at risk of choking if they ate their food by mouth. A dietician was involved in the person's care. The person had been informed of the risks that they might choke if they ate the porridge but still wanted this as an option. They had signed a form to say they were aware of the risks, and to give consent to staff supporting them to eat porridge. This was because the Mental Capacity Act says that people who have capacity have the right to make decisions which might be harmful to them.

Staff provided food and fluids to a small number of people who used the service. One member of staff talked about the meals they provided to a person. Through discussion with them, we found they had a good understanding of the person's choices and wishes.

Care staff and office staff understood the importance of contacting health care professionals if a person's needs changed. They either did this themselves, or contacted the person's next of kin if they had concerns. One relative told us their relations care worker was, "Good at communicating any issues and will let you know if they have any health concerns."

## Is the service caring?

### Our findings

This key question was rated as 'Good' at our last inspection. It continues to be rated as 'Good'.

Most people we spoke with were complimentary of the care provided by staff. One person told us the two staff who regularly came to provide care were, "Really caring, really pleasant and polite." Another said, "They [staff] go the extra mile. They are really friendly. They put a smile on [person's] face." A relative whose relation used 'live in' care workers told us they were, "Very good, very professional...the carers are caring and personable people."

People and relatives told us care staff treated them or their relations with respect and supported their dignity. One person spoke of their relief when after having an 'accident' in bed, in between care calls they phoned the care worker, who in response moved the care call earlier so they could attend to them and change the bedding. They felt this was a caring act which preserved their dignity.

We talked to the care staff. They demonstrated they respected and cared for people by the way they spoke about the people to us. Staff told us they did not like to rush people when providing care. One said they liked to go 'slow and gentle' with people. Another said they cared for people by touching gently and not rushing. They wanted to give people time and to support them to make choices.

Staff understood the necessity of preserving people's privacy when supporting them with personal care. They made sure doors and curtains were shut, and towels were placed discreetly to make sure people were not embarrassed by being exposed.

People or their relatives were supported to express their views and be involved in decisions about their care and support. Care records were regularly reviewed and changed where necessary. People and relatives talked about the importance of communicating with staff at the office to make sure people's needs were being met. One relation told us their relative preferred a 'middle-aged male' to provide support because their needs were complex. They said the service tried to meet this need, but struggled to provide this. Instead they matched a female care worker to their relation whom they were very happy with.

All staff had a good understanding of people's needs. They knew how to support people to retain their independence. They knew what people could still do on their own and what they needed help with, for example, when showering a person they looked to see if the person could wash some of their body themselves. Information held was kept confidentially, in a secure location.

# Is the service responsive?

## Our findings

This key question was rated as 'Good' at our last inspection. It continues to be rated as 'Good'.

Before people started to use the service, their needs were assessed to determine whether the staff could deliver care which would meet their needs. People and/or their relatives were fully involved in the assessment process. Once the assessment had taken place, care plans and risk assessments had been developed to support staff in their knowledge about people's needs and how they wanted the support delivered to them. The care plans we looked at provided staff with a good understanding of people's needs and went into detail about the person's preferences.

Staff were required to write daily records to demonstrate they had undertaken the care tasks expected of them, and at the agreed times. We found these mostly provided a good account of the actions staff had taken to respond to people's needs. Daily records were monitored and staff were informed if their record keeping was not to the standard expected by the provider.

By talking to people and their relatives, we found that in some cases there were initial 'teething problems' when staff first started working with the person, but in liaison with office staff these were sorted out. The PIR told us the office staff contacted people who used the service or their relatives every two weeks to check they received the service they required.

We saw notes on people's care records which confirmed this had happened, and people we spoke with also told us liaison between them and the office had improved. One relative said, "[Office administrator] phones up regularly to check", another said, "When they first started to call, I thought they were too pushy, but it is for the betterment of the service. They've pulled their socks up." A third said, "I do feel able to contact the service now, before I didn't feel able to do so – there would be several days before I could get through, but now they are listening." However, one relation, whilst happy with the care workers, told us they were not happy with the management response to their concerns.

Since our last inspection, the service had received one written complaint. They responded to this appropriately and in line with their complaint policy and procedure. They had not logged the concerns raised from their telephone calls to identify trends or patterns. However they said they would look at doing this.

The provider sought feedback from people who used the service and their relatives. Quality assurance questionnaires had been sent to people who used the service in September and October 2017. The majority of the feedback was positive about the service. All said the staff were kind and caring, knew what they were doing, and arrived on time and stayed the right length of time. There were a couple of comments about people not being informed about staff changes; and one person did not know the contact details for the office out of normal business hours. We were told the staff changes were when staff phoned in sick and the office staff had to quickly arrange for another member of staff to cover the call. They also said the person did have the telephone number for the office in their information pack, and in response to the questionnaire,

were reminded where to find it.

## Is the service well-led?

### Our findings

This key question was rated as 'Requires Improvement' at our last comprehensive inspection in November 2016, with one breach of the Regulations. This was Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The provider was in breach of the Regulation 17 because reviews of care plans had not identified inconsistencies in recording; risk assessments had not provided staff with enough knowledge of risk to assure they carried out their tasks safely; medicine checks had not identified where staff had made errors in administration and recording of medicines; and staff training had not been delivered appropriately.

At the time of our last visit, the service provided care to 49 people and had 14 care workers. When the service submitted its Provider Information Return (PIR) to us in October 2017, they supported 14 people and had eight staff. At the time of our visit they were supporting 11 people and employed four care staff. The provider no longer had a contract with the local authority to provide care to people, but was working with the NHS commissioning teams to provide care to people coming out of hospital.

Since our last comprehensive inspection, the provider had recruited a new office based team. The registered manager worked at the Coventry service part-time and at another of the New Hope service's for the other part of the week. There was also a new care co-ordinator and office administrator. The registered manager was on leave at the time of our visit, however the care co-ordinator, provider, and office administrator demonstrated a good knowledge of the people who used the service and showed us the work they had undertaken to improve the quality of service provided.

We found care plans provided detailed and consistent information about people's care needs, and were updated when required. Medicines checks had taken place and where necessary, training had been provided to staff. For example, the care co-ordinator had written a 'good practice' sample record to show staff how they should record their notes about medication management. Risk assessments now clearly identified the potential risks people had, and how staff should work to minimise risks.

The provider's PIR told us management supported staff with a monthly team meeting. We saw this was in place. Minutes of the meetings informed staff they could always speak with the registered manager or the Provider in private if they had concerns. Agenda items included ensuring staff wore gloves and aprons for infection control, medicine management, record keeping, making sure people they worked with were warm in winter, and each person was left with a drink before staff left the care call.

The PIR also told us 'Office staff work hand in glove with the care staff.' We found during our visit there was a good relationship between office and care staff. A member of care staff said, "If I have an issue, I don't like to stay quiet, I will share right away with the boss. It is much better because I am now communicating with the manager." Another told us, "It is much better here." Two other members of staff told us they felt like they worked in a 'big family' and they felt able to speak with both the office staff, the registered manager and the nominated individual.

The PIR informed us the office staff carried out unannounced checks on staff (spot checks) to ensure they arrived at a person's place at the right time, and carried out the care tasks according to the care plan, and in a respectful way. Staff files confirmed these had been carried out, and actions had been taken if staff had not met the standards expected. For example, one check found the member of staff did not wear an apron when carrying out personal care. This was discussed with staff, and at the next check the staff member wore an apron to reduce the risks of infection contamination.

The registered manager was aware of their regulatory responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. They are also required to send us information when requested. The provider sent us their PIR on request. They also displayed their current rating on their website and in their office.

This meant the service was no longer in breach of Regulation 17.