

New Hope Specialist Care Ltd

New Hope Care Leicester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

New Hope Care Leicester is a domiciliary care agency providing personal care to people living in their own homes. The service supported 11 people at the time of our inspection. 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

People's needs were assessed before their care packaged commenced, however people's assessments were not holistic. The provider did not always show that any decisions made on people's behalf was made in their best interest or that they had consulted with people's family or relevant support network.

People were not always supported as agreed in their care plan. Staff did not always arrive at the agreed times. People were not always informed when there were any changes to their staff team. People did not always feel the service listened and acted on their concerns.

Staff did not always feel supported by their managers. The service did not always use their monitoring systems to improve the quality of care at the service.

People felt safe when they received care from New Hope Leicester. Staff were knowledgeable about what would constitute abuse to people. They knew how to keep people safe from avoidable harm and how to raise any concerns they may have regarding people's safety.

Recruitment protocols were safe. Risk assessments promoted people's safety in a way that did not restrict freedom or rights.

Staff supported people to meet their nutritional needs. They referred people to health care service where required.

Staff were kind and supported people in a compassionate manner. They treated people with dignity and respect.

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

Rating at last inspection

The last rating for this service was Good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

New Hope Care Leicester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives of people who used the service about their

experience of the care provided. We spoke with the provider, the strategic manager and the deputy manager.

We reviewed a range of records. This included three people's care records and their medication records. We looked at two 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.

After the inspection

We spoke with three care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they used the services of New Hope Leicester. One person said, "I always feel safe with them, they look after me very well." A relative told us, "Yes I think [person] is generally safe with them [staff]."
- Staff were knowledgeable about what would constitute abuse to people. They knew how to keep people safe from avoidable harm and how to raise any concerns they may have regarding people's safety. They had information about agencies to report any issues of abuse or malpractice.

Using medicines safely

- People's medicines were managed safely. Staff provided the support people required with their medicines. This included prompting people to take their medicines. They completed required records to show the support people received.
- People's medicines records showed they received their medicines as prescribed by their doctor. Senior staff regularly audited medicines records to check their support was delivered safely.

Assessing risk, safety monitoring and management

- Staff assessed risks associated with the care and support people received. This included risks to people, their relatives and staff. They put measures in place to minimise the occurrence of risks.
- People's risk assessments included information on how staff would support them to be safe when they received care and support. Risk assessments promoted people's safety in a way that did not restrict freedom or rights.

Staffing and recruitment

- The provider followed safe recruitment practices. They completed relevant pre-employment check which assured them potential employees were safe to work with people who used services.
- The service employed enough numbers of staff to meet people's needs. Staff told us they felt there were enough staff to meet the demands of the role and the people they support.

Preventing and controlling infection

- People were protected from the risk of contracting or spreading an infection. People told us staff wore protective equipment when they supported with care tasks.

Learning lessons when things go wrong

- Records showed the provider and registered manager reviewed and investigated incidents and

complaints at the service. They made changes to the service to minimize the risk of a reoccurrence. This included reminding and supporting staff to follow the service's protocols to keep people safe.

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.

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before their care packaged commenced, however people's assessments were not holistic.
- Assessments did not include consideration on how staff would support people in relation to their mental health. This included people who lived with conditions such as Dementia and Alzheimer's disease. This meant there were no guidance for staff to enable them to support people make decisions about their care or to guide staff on how to provide support should people's mental health deteriorate.

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.

- At the time of our inspection the service did not support anyone who was being deprived of their liberty.
- The service did not have systems in place to support people who may require support to make their own decisions.
- Records of assessments relating to people's capacity to make decisions did not specify which decisions people may require support with.
- We did not see any evidence to show that any decisions made on their behalf were made in their best interest or staff had consulted with other people involved in their care. For example, one person did not receive support from staff during a care visit despite not being able to make that decision themselves. Staff did not put appropriate safeguards in place which had a negative impact on the person's health and wellbeing.

Staff support: induction, training, skills and experience

- People told us they were supported by well trained staff. They described staff as competent in their role. One person said, "Yes, I think they [staff] are well trained. I feel safe when they are [task] and they do everything I need." A relative said, "They are very good, all well trained."
- Records showed staff had access to relevant training. Staff we spoke with gave mixed feedback on training. Some told us training was sufficient to guide them in their role, others told us they received training however this was not always promptly available. They told us they did not receive training on relevant topics such as supporting people with their mobility needs before they supported people.

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

- Staff supported people with their meals where this was required. They involved people in making decisions about their meals and supported them according to their choice and preference. One person told us, "They [staff] cook my meals and they ask me what I want to eat. If they didn't I would not bother to cook for myself." A relative told us, "They will get [person] breakfast and whatever they want for their dinner."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to support people. For example, when people joined the service staff worked with the commissioning authority to ensure people received prompt and safe care that met their needs. They also worked with health professionals, sharing relevant information in instances where people required a hospital admission.

Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to health care service where required. For example, staff contacted health professionals when people's physical health deteriorated.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were 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

- People spoke highly of the caring attitudes of staff. One person told us, "They [staff] all treat me very well, very kind people and thoughtful. They will call for shopping if I run out of anything." Another person said, "They are very kind, nothing is too much trouble for them."
- People told us staff treated them like they mattered by taking time to engage them in conversations. One person said, "They [staff] rarely have time to sit and chat but they do take an interest in me while they are working." A relative told us, "They chat all the time to [person] and he finds them very interesting to talk with."

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

- People told us staff supported them to express their wishes and preferences. They told us staff delivered care according to their preferences. One person said, "They know how I like things doing and I choose what I want to eat and wear."
- Records of care and support people received showed staff offered people choices and supported them as they chose.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People told us staff promoted their dignity and right to privacy. One person told us, "They [staff] are respectful, will have a laugh but not over the top. They make sure the door is closed when [task]." Another person said, "They do treat me with respect and dignity. They never speak down to me."
- The provider had policies in place to promote the dignity and independence of people who used the service. People's records showed staff supported them to maintain any skills they had and retain their independence as long as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to Requires Improvement. This meant people's needs were not always met through good organisation and delivery.

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

- People were not always supported as agreed in their care plan. We received mixed feedback from people about staff reliability. Some people told us staff did not always arrive at the agreed times. They also told us they were not informed when there were any changes to their staff team. We saw this meant a person did not receive the care they needed which adversely affected their wellbeing. This showed people's specific needs for timely care were not always duly considered in staff deployment.

Improving care quality in response to complaints or concerns

- People did not always feel their concerns or complaints were listened to. Some people told us they had not needed to complain, others told us they had complained but the service did not satisfactorily respond to their concerns. One person said, "It is a waste of time complaining, nothing happens." A relative told us, "I have raised several complaints and not been happy with them, they don't listen."
- The provider had effective systems and policies for dealing with complaints received at the service. Records showed complaints had been investigated according to the service's policy. However, the provider had not received any complaints since our last inspection.

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.

- At the time of our inspection, none of the people using the service required information in alternative formats. The service had policies and protocols in place to provide support for accessible information if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had protocols in place to support people to be involved in social activities. At the time of our inspection, none of the people using the service required support with social activities.

End of life care and support

- The provider had policies in place to support staff provide the care people required at the end of their life. They sought to provide support that respected people's choice and support them to be comfortable and

pain free. At the time of our inspection, none of the people using the service were receiving end of life care and support.

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.

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to 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.

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

- The leadership team was not always open and transparent. Staff reported they did not always feel valued. For example, they reported issues regarding regular delays in receiving their wages. They told us this affected their morale at work.
- Staff did not always feel supported by their managers. They did not always have support and guidance when needed. Staff told us they could not always access the on-call manager when needed. They told us managers were sometimes unavailable to answer their call or did not provide support when requested.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had systems in place for monitoring the quality of care people received. However, we did not see any evidence they used this to improve people's experience of care.
- The provider completed surveys and audits of various aspects of the care people received. Where this identified issues in the service, there was no evidence that action was taken to address issues.

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

- The service had protocols and policies in place to promote an inclusive approach to care provision, considering people's requirement with respect to their culture, religion, disability etc in their needs and preferences.
- Some people told us they would recommend the service, others told us they would not. This was due to their varied experiences of support and the service's commitment to meeting their needs.

Working in partnership with others

- The service worked collaboratively with other professionals such as social workers and health professionals to ensure the care people received consistently met people's needs.

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

- During our conversations with the provider, they demonstrated a good understanding of their responsibility to act on the duty of candour and we saw evidence from records where they had applied this.

