

New Hope Specialist Care Ltd

New Hope Care Leicester

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

We carried out the inspection on 23 February 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection 10 people used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Risks associated with people's care were assessed and managed to protect people from harm. People could be assured that staff would arrive to provide the care that they needed.

People were supported by staff who understood their responsibilities to keep them safe and report any concerns they may have. There was a recruitment policy in place which the provider followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so. People's health needs were met and when necessary, outside health professionals were contacted for support. They were supported to have enough to eat and drink.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed.

People made decisions about the care and the support they received. People's consent was sought and respected. The provider understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the planning and reviewing of their care.

People were supported to pursue their interests and access the community. Consideration into people's cultural and religious needs had taken.

Complaints were addressed in line with the provider's policy. People were encouraged to give feedback about the service they received.

People and staff felt that the registered manager and provider were approachable and action would be taken to address any concerns they may have.

Systems were in place to measure the quality and care delivered so that required improvements could be identified and addressed.

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.

People felt safe. They were supported by staff who had been recruited in line with safe recruitment practices. They understood how to keep people safe and report concerns if necessary.

People could be assured that staff would arrive at agreed times to provide their care and support.

People received their medicines as required and these were administered safely. Risks were assessed and managed to protect people from harm.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

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).

Is the service caring?

Good ●

The service was Caring.

People were usually supported by staff that were familiar to them.

Dignity and respect for people was promoted.

People were supported to maintain their independence people were encouraged to make choices.

Is the service responsive?

Good ●

The service was responsive.

The care needs of people had been assessed. Peoples care and support was centred on them as individuals.

The care that people received had been regularly reviewed to ensure that it continued to meet their needs.

People were encouraged to give feedback about the service they received. The provider's complaints procedure was available to people and their relatives.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff felt that the provider was approachable and action would be taken to address any concerns they may have.

Staff felt supported and were clear of their role in following the providers policies and procedures.

Systems were in place to monitor and improve the quality of the service being provided.

New Hope Care Leicester

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 checked 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.'

We carried out the inspection on 23 February 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an inspector and an 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.

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 Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We contacted the local health commissioners who had funding responsibility for some of the people who were using the service.

We spoke with five people who used the service and two relatives of people who used the service over the telephone. We spoke with the provider, registered manager and two care workers and a senior carer. We looked at the care records of three people who used the service and other documentation about how the service was managed. This included policies and procedures, staff records, training records and records associated with quality assurance processes.

Is the service safe?

Our findings

People who used the service told us that they felt safe receiving care. One person told us, "Oh yes, definitely, I feel fine with them coming." Staff understood how to keep people safe. They told us about the ways that they supported people to maintain their safety for example ensuring they had means of summoning emergency help if needed and checking that people's property was left secure when they had finished their care calls.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "Report to the line manager immediately, If I'm not satisfied I can go to the person above, if I'm still not sure the company is doing all it should then whistle blow." The registered manager was aware of their duty to report and respond to safeguarding concerns. We were aware of an occasion when the registered manager had reported a concern. They had implemented further measures to support the person using the service and staff to be safeguarded following an allegation. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This aided people to be protected from harm and abuse.

People usually received their care at the time that they were expecting to. One person said, "They come at the time they are supposed to, were only late once and I had a phone call. They can stay about 20 minutes or longer than that." Another person said, "They're very good with time and they stay for half an hour sometimes longer if they've got the time - no worries - they're very nice." Other people told us that they did not always receive their care on time. One person said, "Sometimes they are late, but ring to say." One person told us that they had stopped using the service as staff were often late and the service was not adaptable to their needs. Staff confirmed that they contacted the office to ask them to let a person know if they were running late to complete their care call.

The provider had an effective system for monitoring call times and ensuring that people received the care that they needed to remain safe. The provider told us that they checked staff records to see if they had provided support to people at the agreed times. They were in regular contact with people using the service to get feedback about staff arriving on time. Call times were planned taking into account staff travel time. The registered manager told us that they had not committed to supplying packages of care as they could not be assured that they would be able to ensure staff would arrive at the location at the desired times. The provider told us that they intended to use an electronic call monitoring system as the number of people they support increases in the future.

We checked call time records and found that they matched with agreed call times.

People were protected from risks relating to their conditions. We found that risk assessments had been completed on areas such as moving and handling, medicines and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. Consideration had also been given to the risks associated with their home environment. A staff member told us, "They do risk assessments at the client's house." Where people required specialist equipment to help with their mobility this was provided and used by staff who had been trained to do so. One person said, "They were quite capable with the equipment too." Most of the risk assessments seen had been reviewed regularly to monitor any changes in people's conditions that may have occurred. We did see that there were some risk assessments that had been replaced with newer versions within people's care files. We asked the registered manager to archive these to avoid staff becoming confused by out of date information. We also saw that the risk associated with one person's medicines had not been adequately assessed. The registered manager assured us that they would review the assessment and make amendments as required.

People were supported to receive their medicines as prescribed by their doctor. The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. A staff member said that they checked, "Are they taking the right medication at the right time?" Where a person was allergic to a medicine this was highlighted clearly. Staff had completed training and were also assessed to make sure that they were competent to administer medicines. We saw that staff's competency to administer medicines was checked periodically through 'spot checks'. The registered manager checked that people had received their medicines as they should.

Is the service effective?

Our findings

People were supported to maintain their physical health and have access to healthcare professionals. One person told us, "They'll ring the doctor and they do that. It was a time ago (when they last did that) and the doctor came. They suggested calling him. It was nothing really, but they got him to check." The registered manager told us that they had, with the permission of the person, referred them to health professionals when staff had reported concerns about the person's health. We saw that staff had also contacted the emergency services when people required immediate medical attention. The registered manager told us that they had worked closely with a person's nurse and changed the time that staff supported the person to accommodate the times that the nurse needed to visit the person. People's care plans provided information for staff about people's health conditions and signs and symptoms for them to look out for if their condition deteriorated.

People were supported to have enough to eat and drink. One person told us, "It depends on what I feel like eating it can be a proper dinner or microwaved. I get enough food - they leave things, tea, water, tomato juice." A person's relative told us, "They now stay with (person) while she eats and if she keeps dropping to sleep if sugar is dropping, they make sure they feed her. She's diabetic." We saw that the support that people needed to maintain their diet was recorded. Where people required encouragement to eat or drink this was provided. One staff member said, "Sometimes we have a cup of tea with them to encourage them to drink." Where there were risks associated with their eating and drinking these had been considered. We asked the registered manager to consider further risks associated with a person's condition to establish if the service could do more to promote good nutrition and hydration. They told us that they would.

People were supported by staff who had received training and guidance in order to be able to carry out their role. One person said, "On the whole, they're pretty good." We reviewed training records and saw that staff had received training in areas such as safe moving and handling, safeguarding and health and safety. One staff member told us, "Training, it's brilliant, I've learnt a lot." They went on to tell us that their confidence had improved following completion of training courses. A person's relative commented, "They send staff on refresher courses." We saw that some staff were due for refresher training to ensure that their knowledge and skills were current. The provider assured us that they were arranging for training to be provided to staff.

When new staff started working at the service they received induction training. This included introduction to care principals, the provider's policies and procedures and specific courses that staff needed to support people safely. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. One staff member told us, "I had five days training when I first started. I shadowed three different routes." The provider had introduced records to demonstrate that this training was completed by all new staff and to ensure that they received the full range of training that they required. The records for staff who had started with the service prior to the registered manager taking over could not be located. The provider assured us that they would check that staff had received all the relevant induction training.

Staff had access to senior support at all times via the on call telephone number. Staff confirmed this, one

staff member said, "If you raise a problem they are quick to react and solve the problem." Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. A person's relative told us, "They (provider and registered manager) come out with carers to see how they work." Records showed that during supervision meetings, staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Staff knowledge around the mental capacity act was also checked during their supervision meetings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to ensure that the service met the requirements of MCA. The provider had a policy in place to guide staff and staff had received basic training on the subject. Staff were able to demonstrate that they understood that they could only provide care with people's consent and that people had the right to refuse their support. One staff member told us, "The MCA is to enable vulnerable service users give consent."

We found that people's ability to make decisions and consent to receiving care had been considered. We saw that there was reference to people's ability to make decisions and understand information within their care plans. Where people were able to make decisions for themselves, this had been recorded. The registered manager told us that they did not believe that anyone using the service lacked the capacity to consent to their care at the time of our inspection. They had identified that one person's condition may mean that they may start to lack capacity to make informed decisions for themselves in the future as their condition advances. They told us that they intended to monitor this person closely to ensure that they continued to be supported in line with the MCA.

Is the service caring?

Our findings

People told us that staff were caring. One person said, "They're very nice. I couldn't wish for any better - it's nice to see them come - and they're happy to see me." A person's relative told us, "Yes, they are kind." Staff demonstrated that they were caring in nature. One staff member told us that it was important to them to, "Make sure (people using the service) are happy."

Most people told us that staff took their time and supported them at their preferred pace. However other people told us that staff sometimes rushed them. We asked the provider to investigate these concerns and take action to ensure that people received their full allocation of support time. They told us that they would. They also told us that believe these concerns took place prior to the current registered manager taking over. They told us that they would conduct additional checks with people in the future to assure themselves that this is not an on-going issue.

Staff understood the importance of spending time with people. One staff member said, "Talk with the clients, give them some time."

People were supported to make choices and maintain their independence. A person told us, "I do somethings for myself - they do what I need them to." Another person said, "They suggest things to me and say if I want them done." A persons' relative told us, "If she is drowsy, they feed her, but if she's not they let her eat herself. They don't take her independence away from her." One staff member told us, "We go in, we ask them what they would like." Another staff member said, "Staff respect people's choices." People's care plans guided staff on how to support people to maintain their independence.

People were supported by staff that they knew well. One person said, "Yes, and they come every day. Oh, they're nice people. More or less the same people. I have no men, only women." Another person said, "We had a bit of trouble with people changing all the time, but we have the same person all the time (now). He'll do a shave the way I like." A person's relative commented, "They're more or less the same people now, nothing's too much trouble - they're stars!" Staff confirmed that they generally supported the same people. One staff member told us, "They try and assign you the same route, so you are regular." Staffing rotas reflected this.

People were treated with dignity and respect. One person told us, "They do treat me with dignity and respect." Another person said, "It's very hard to have personal care - it isn't nice at first - but I feel okay with him - he makes me feel comfortable." People's care plans guided staff on ways to maintain people's privacy while supporting them with personal care tasks. As part of their care review we saw that one person had commented, "I am happy with the staff that come here. They always respect my wishes. They maintain my privacy and dignity at all times." Staff understood how to maintain people's dignity. One person's relative told us that the provider had demonstrated that people using the service were valued. They said, "(The provider) did say, 'That is a life there' and was the thing I needed to hear. He acted like he valued her."

Staff were aware of people's individual communication needs. There was some guidance given within people's care plans as to how best to communicate with them. For example where a person's hearing was

affected. The registered manager told us that staff wrote notes to one person to remind them to complete tasks when staff were not present. This was important to the person as without them they may not remember to do so.

Is the service responsive?

Our findings

The care that people received was based on their individual needs and agreed by them. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. Care plans were kept in people's homes and accessible to people and staff. One person said, "I've got a care plan in the folder with everything else." A staff member told us, "We read the care plan." Another staff member told us, "There is a folder with the support plan and risk assessments. You have to read it when you start."

The support that people required was assessed before they started receiving care. This was so that the registered manager could be sure that the service could meet the person's needs. We saw that people were asked to contribute to the planning of their care and their needs and wishes taken into account. For example people were asked if they had a preference of the gender of carer who would be supporting them.

People's care plans were reviewed regularly with them to ensure that they continued to reflect their care needs and that people were happy with the care that they received. Staff confirmed this. One staff member said, "They do come out and see the service users and check they are ok." We saw that a person's care plan review took place in December 2017. On the record the registered manager had written, '(Person) states she is happy with carers and they do help her. "The girls are very caring." We saw that people's care plans had been updated to reflect changes in their care needs. For example when risks associated with a person's care needs had been identified and additional measures needed to be put in place to reduce the likelihood of harm occurring.

Staff were required to record the support that they provided in daily notes. We saw that these records were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing, we saw that they had done so and recorded this in the daily notes. The provider monitored the records to ensure that they were kept up to date and accurate. The registered manager had made changes to the format of the daily notes in order to make them clearer and prompt staff to document more detail.

People were supported to practice their faith as they wished. As part of their assessment of need people were asked if they had any cultural or religious needs that staff needed to take into account. One person using the service received their care at an earlier time on the day that they visited their place of worship.

People were supported to follow their interests and remain active. One person said, "They always make sure I've got the television remote. They make sure my things are on the table, so I can write and read." Another person told us that staff had tried to encourage them to engage in activities. They said, "They sit and have a chat and a coffee - I prefer that. I've thrown all hobbies out of the window." We saw that staff supported a person to take a short walk daily. People's hobbies and interests were recorded for staff's guidance in their care plans.

People gave mixed views about whether they would feel comfortable making a complaint and that the concern would be dealt with. One person told us that their complaint had not been dealt with but others told us they had and that they had experienced an improved service as a result. Another person said, "Complaint - not really. I phone if there's something I don't like and they do 'not a lot'. It's my normal experience. I don't see the point in changing - the care is done properly. They wouldn't listen to a complaint." We received feedback from people that their experience has improved since the registered manager had taken over. One person said, "At first we had a lot of problems with carers not listening. We did make it clear to previous managers who didn't listen." They went on to tell us, "The new managers who have taken over are changing things." Another person's relative told us, "The old complaints were not recorded, but the new managers are changing things."

When people started using the service they received a copy of the service user guide which told people how to make a complaint if they needed to. People using the service and staff confirmed that the guide was available to people in their own homes. Records showed that where concerns or complaints had been received, these had been addressed in line with the provider's policy. A person's relative told us, "My concerns are dealt with now and we can't see any flaws in the care. If we did, again, I'd get on to the manager." We saw that a complaint received in January 2017 was addressed by the provider. They had conducted an investigation and sent the complainant a letter thanking them for raising the issue and advising them of how they would address the concern. We saw that the provider had also issued a formal apology to a person who had raised a historic complaint. The person was satisfied with this outcome.

The provider had sought feedback from people who use the service and their relatives. We saw that one person's care review in December 2016 they had commented that their morning call were sometimes late. We reviewed call times for January 2017 and found that the person had consistently received their call at their preferred time. The provider had conducted surveys with people who used the service to try to establish their views and what things could be improved. One person using the service told us, "I have sometimes had a questionnaire." Another person's relative confirmed this. We saw that people's feedback was general positive comments included, "I could not ask for any better and (provider) and (registered manager) are just grand." And "(Staff name) is my regular carer and his is excellent in caring for me." We saw that where comments were less positive the provider had addressed these with individual people. For example one person feedback that they had not had sight of the care plan. The registered manager visited them soon after this feedback was given and went through the person's care plan with them.

Is the service well-led?

Our findings

People using the service and their relatives felt that it was well led. A person's relative said, "The new managers are now trying to make a good go of it." One staff member said, "It's a good company, they are supportive."

We saw that people received regular contact with staff from the service. A person's relative told us, "I think the tone and culture in the office is better - their tone is better." Any contact made with people was recorded on contact sheets. We saw that people had received telephone calls to check if they were happy with the care that they were receiving, to inform them if a staff member was running late and to check on their health needs. We saw that the provider had written to people using the service to advice of changes that were being made by the local authority with regard to funding care. The letter explained the changes and the actions that people could take following the changes.

Staff felt supported. One staff member said, "It's really good at the moment, the office support. If I say something they listen." We were able to see from staff supervision and spot check records that they had received support and had opportunities to feedback about the service and any concerns that they may have. The registered manger sent staff memo's to keep them informed of what was going on within the service, changes to policy and processes and to thank them for their work. Staff meetings took place regularly. When staff started working at the service they had received the provider's policies and procedures. This was so that staff could be clear of the expectations upon them.

The service had a registered manager. They had taken over as manager of the service in October 2016 and were registered with CQC in November 2016. We saw that they had written to each person using the service to introduce themselves and encourage people to contact them if they had any concerns about their support. The registered manager told us that they had made changes to the service since they had become manager. These changes included implementing new medicines record sheets and daily records. They told us they had also meet with each person that uses the service in order to establish if they were satisfied with the care that they received.

We saw that the registered manager checked records to ensure that people had received the care that they should have. A staff member told us, "They look at the notes, they check if you have missed anything, they call and ask what is going on." Were a concern had been raised as a result of these checks, we saw that the provider had taken action to address the concern. For example they had identified that staff had used 'short hand' within daily notes. The provider's expectation was that staff should not use short hand. They addressed this with the staff team. We saw that the provider checked records the following month and was satisfied that records were being completed correctly. The registered manager had made changes to medicines records following a review of how they were completed. They had identified that staff required further guidance regarding the records completion. In these ways the registered manger monitored the provision of service and took action to make improvements when they had been identified as needed.

The provider had made improvements to the service and changed the way that service delivery was

monitored after having received feedback about another service run by the provider. They told us that they had implemented more robust auditing and checks. They told us that the registered manager has been instructed to only take on new care packages if they can be sure that the standard of care that can be provided is of a high quality. They said it was important to "Value the quality of the service."

The registered manager was aware of their registration 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. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.