

Hope's Special Care Limited

Hope's Special Care Limited

Inspection report

246-250
Citygate House, Romford Road
London
E7 9HZ

Tel: 02082525838
Website: www.hopesspecialcarelimited.co.uk

Date of inspection visit:

17 May 2023

19 May 2023

25 May 2023

20 June 2023

Date of publication:

17 July 2023

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

About the service

Hope's Special Care is a domiciliary care agency providing personal care support. At the time of our inspection 1 person was using the service.

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

People were kept safe as there were risk assessments to reduce the risk of potential harm. Staff carried out visual assessments of people's homes to ensure any new hazards were removed and kept people safe.

Staff knew the different types of abuse and the processes to follow should they suspect or witness abuse. Whistleblowing procedures were available to support staff to make an anonymous report of abuse.

Systems to manage medicines were effective. Infection control procedures were followed to reduce the risk and spread of infection.

There were enough staff to support and meet people's needs. Care was planned to provide continuity of care; people had a team of staff they knew who cared for them. Staff were recruited safely.

People's needs were assessed before care began to ensure the service could safely meet people's care requirements.

Staff received a full induction upon employment and there was an ongoing training programme to provide them with the skills to do their jobs.

People were supported to eat and drink. Health needs were monitored and documented. The service maintained good links with health professionals and updated them whenever there were changes in people's needs. Consent to care and treatment was obtained before care began; staff offered choices to people to encourage decision making in their care.

People were looked after by staff who enjoyed their job and cared for the people they supported. The service supported people from all different backgrounds and did not tolerate discrimination. People's privacy and dignity was respected, and people's confidentiality maintained.

People's care plans were personalised and detailed their likes and dislikes. People's communication needs were recorded, and adjustments to documents could be provided to support inclusion such as translation, braille and pictorial formatting.

There was a complaints policy and procedure and information was provided if people needed to take their complaint further.

Relatives were pleased with the quality of the care provided. Staff felt supported by the registered manager and enjoyed coming to work. Quality monitoring took place within the service and people, relatives and staff were able to provide their views on the quality of the service to help it improve.

The registered manager continually wanted to improve the service and learn from any mistakes as they saw it as an opportunity to make the service better for people.

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.

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 7 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Hope's Special Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 17 May 2023 and ended on 20 June 2023. We visited the location's office on 17 May 2023.

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 and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, a quality assurance officer, 1 relative and 3 staff. We reviewed 1 care file and associated risk assessments. We also reviewed 4 staff recruitment, training and supervision records. We also reviewed records relating to managing the service and quality monitoring.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as there were systems in place to identify, monitor and report it.
- A relative we spoke with told us their family member was kept safe by the staff who provided care for them.
- Staff had received safeguarding adults training, which records confirmed, and they knew the procedures to follow should they suspect or witness abuse.
- Staff were aware they could whistle blow to external organisations if they were not satisfied with the response from the registered manager. A member of staff said, "I will report the abuse to the manager; if I am not happy with [registered manager's] response, I would report the safeguarding issue to the social services, the police and the CQC."

Assessing risk, safety monitoring and management

- Risk was regularly assessed, monitored and reduced to keep people safe while receiving care.
- Staff were aware they had to report concerns about the health and safety of people immediately to the registered manager so that prompt action to safeguard people could be taken. A member of staff said, "I make sure my clients are free from any risk in their home. I read the risk assessment put in place and I look out for new risks all the time."
- People's risk assessments provided guidance and support on how to reduce people's known risks. For example, actions to reduce risk of choking were recorded as well as which equipment staff needed to safely move people and how many staff were required to do so.
- Information on how to respond during an emergency was clearly recorded in care plans and provided relatives with assurances that staff would act fast to keep people safe.
- The registered manager told us they expected staff to greet people each time they arrived at their home to check their well being and how they responded.

Staffing and recruitment

- There were enough staff to meet people's needs and staff were recruited safely.
- People were supported by a team of staff who had been introduced to people and their relatives. The regular staff team helped provide continuity of care.
- Staff arrived on time. A relative told us staff were always punctual.
- Staff had completed a recruitment process to ensure they were suitable and safe to work with people. We viewed records which confirmed staff had completed an application form, attended an interview and

provided references. Staff had also supplied a Disclosure and Barring Service (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems were available to ensure people received their medicines safely. However, at the time of the inspection the service was not administering medicines to people as it was not required.
- There was a medicines policy in place to provide guidance to staff, staff had been trained in medicines management and were aware to report any concerns or errors with medicines to the registered manager.

Preventing and controlling infection

- People were protected from the risks of acquiring an infection.
- There was an infection control policy which staff followed, and they had completed infection control training.
- A relative told us staff wore appropriate personal protective equipment (PPE) to reduce the risk of infection and or cross contamination.
- Staff told us they wore gloves, aprons, face masks and shoe covers. A member of staff told us they always washed their hands upon arriving at people's homes and regularly changed their PPE. This helped keep people safe from risk of infection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. There were processes in place to learn when mistakes happened and there was a policy and procedure to report and manage accidents and incidents.
- There had been no accidents or incidents since the service had begun operating.
- The registered manager and staff knew they had to be open and honest if anything had gone wrong. The registered manager said, "It must be reported immediately, and I need to find out why the accident happened in the first place. I will give staff more training if necessary."

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

- People's needs for care and support were assessed fully before they began to receive care.
- A relative confirmed the registered manager visited them to assess their family member's needs to ensure the service could meet the requirements of the prospective care package.
- People had care plans which assessed all areas of their health and how they wanted to receive care. These were in line with their preferences. Areas assessed included, but not limited to; mental health, skin integrity, oral hygiene, foot care, personal care, medicines and nutrition.

Staff support: induction, training, skills and experience

- Staff were supported by the provider. Staff received a supportive induction to the service before they began working with people and they also completed a comprehensive training programme.
- Staff told us the training was effective. A member of staff said, "I enjoyed the moving and handling course, it helped me do my job better."
- Records confirmed staff received regular supervision with the registered manager. Staff told us they found the opportunity to speak about their role, training needs and any other work related or personal matters invaluable. Staff were not due an appraisal, however systems were in place to complete them once the time arose.
- A relative told us they thought staff were well trained, listened and took guidance from them and an existing private member of staff who was working with their family member.
- Staff received training relevant to their role and the registered manager was proactive in placing staff on courses to further develop their staff such as stroke awareness and PEG feeding.

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

- People were supported to eat and drink to stay healthy.
- Records confirmed the level of support people required to meet their nutritional needs. This included making sure all appropriate utensils were used to support safe mealtimes for people.
- Food was prepared to the required consistency to reduce the risk of choking and staff fed people at a safe pace.

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

- People were supported to access and receive healthcare support when they needed it.
- Staff were aware to report any changes in people's health needs directly to the registered manager and

inform people's families so appropriate health professionals could be contacted.

- Records confirmed the registered manager worked well with the district nurse, social worker and GP to keep them informed of people's health needs.

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 MCA 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.

- Consent to care and treatment was correctly obtained and recorded.
- Appropriate legal documents were available where family members were making decisions on behalf of people.
- Staff asked people's consent before they began delivering care and observed facial expressions or verbal answers to confirm it was ok to begin.
- Systems were in place to assess people's mental capacity and staff understood the need to offer choice to encourage independent decision making.

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 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 received care and support from a staff team who were kind, compassionate and respectful towards them.
- A relative told us they observed staff treat their family member respectfully. They said, "[Staff] are patient and kind towards [person]."
- Staff gave examples of how they interacted with people and made them feel valued and special. A member of staff said, "I sing for [person] and I can tell they were happy by their facial expressions." Another member of staff said, "I listen to people, they may repeat things a few times, but it enlightens me and tells me this is something they like doing or are very much interested in."
- The registered manager and their staff team respected people as individuals and did not discriminate. Staff received equality and diversity training and the registered manager stated everyone was welcome to use the service. They said, "We are here to support people and their needs. We respect all people and would explore this during the interview with staff."

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

- People were supported to express their views. People were encouraged to make their views known with the help of staff where necessary.
- Staff told us they took the time to explain information to people and asked people questions to help them express their views.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity was respected when people received personal care and support within their home and people's confidential information was maintained.
- Staff told us they closed curtains and bathroom doors when providing people with personal care, so as to protect their dignity.
- Independence was encouraged. Staff told us they engaged in conversation with people and gave them space to try and do tasks they were able to.

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

- Care was personalised and designed around people's personal preferences.
- Care plans provided clear steps and guidance to ensure people received care and support how they wanted. For example, one care plan we reviewed highlighted where people wanted to receive personal care and for staff to use colour coded flannels.
- People's likes and dislikes were recorded, and this information was further gathered from involvement of people's relatives and friends.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs.
- People's care plans stated their preferred communication style and whether they required any additional support to understand information presented to them.
- The service was able to provide information to people in different formats such as large print, different languages, braille and pictorial to ensure they were able to participate as much as possible when discussing their care needs.
- The registered manager told us where people did not communicate verbally, staff spoke with people informing them what was happening at all times. They waited for people to either smile or nod to show they had heard what was said.

Improving care quality in response to complaints or concerns

- There was a system to manage and respond to complaints which followed the provider's complaints policy and procedure.
- No formal complaints had been received at the service.
- A relative told us they were pleased with the overall quality of the service and knew how to raise a complaint directly with the registered manager or local authority.

End of life care and support

- At the time of the inspection no one was receiving end of life care and support. People had Do Not Attempt Resuscitation (DNAR) documentation recorded and we saw these were completed correctly.
- The provider had an end of life policy and procedure to support staff how to respect and understand people's wishes at the end of their life.
- Staff had not yet completed end of life training, this was part of their training schedule and staff were to complete.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's needs were at the core of the service and the registered manager and staff were committed to providing people with a good quality of life.
- A relative was pleased with the communication with the registered manager and felt their family member was well looked after.
- Staff told us they had good working relationships with the registered manager and other staff, and that everyone supported one another. A member of staff said, "I have a good connection with my manager, they uplift me and push me to the best of my ability."

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 knew what was expected as part of their duty of candour responsibility.
- The registered manager said, "I have a duty of care to the clients and staff to be open and transparent when things go wrong."

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

- The registered manager understood their responsibilities as a leader and told staff what they expected from them to ensure people received high quality care.
- The registered manager performed a number of audits for assurance that the service was running safely and people and staff were fully supported.
- The registered manager performed a care plan audit which checked everything within the care plan had been completed correctly and that people were receiving a personalised and safe service. The registered manager also performed spot checks to ensure care was being provided on time and in line with the care plan.
- Team meetings took place and staff told us they were effective and gave them an opportunity to hear about any developments and what was expected of them. A member of staff said, "We have a meeting once a month with all staff members."

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

- There were systems to involve people using the service. These systems obtained the views of people, their

relatives and health professionals.

- The registered manager performed regular telephone monitoring to ask relatives how care staff were performing.
- They had a strategy to provide high quality care. They told us, "I'm regularly monitoring and reviewing the service to see how we are delivering care; feedback helps us improve."
- An annual survey was not due, however the registered manager had systems in place to gather views from people, staff and health professionals.

Continuous learning and improving care; Working in partnership with others

- The registered manager embraced continuous learning for their own self development and for their staff.
- They were proactive in arranging additional training courses for their staff to ensure they had specialist skills and knowledge required to support people with different health conditions.
- The registered manager received peer support from similar local care providers who shared best practice with them to help further develop the service.