New Hope Specialist Care Ltd

New Hope Care Brook Road

Inspection report

126 Brook Road
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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

About the service: New Hope Care Brook Road is a domiciliary care and supported living service registered to provide personal care to people living in their own homes or supported living accommodation. The service was providing personal to 19 people at the time of the inspection.

People's experience of using this service:
•People told us they felt safe and were happy with how staff supported them. Staff knew how to protect people from the risk of harm or abuse. Staff supported people in a way that reduced risks to people's safety. There were enough staff to support people within their home. Where people needed support with their medicines safe arrangements were in place. Staff used protective clothing to protect people from infections.

• People were supported by staff who understood their needs and had support and training to meet their needs effectively. People's consent to care was sought and they were supported to access healthcare professionals when needed. People had appropriate support to eat and drink and risks related to people's dietary needs were known.

• People described staff as kind and caring, and there was an emphasis on protecting people's dignity and promoting their independence.

• People had been actively involved in deciding their care and personal routines and staff supported them to undertake educational and social activities of interest. People were confident any complaints or issues they raised would be addressed.

• The provider carried out regular audits and checks on the service to ensure people received a quality service. People's views were sought and reflected they were happy with the service.
Rating at last inspection: Good. Published 21 September 20160

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

New Hope Care Brook Road

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
New Hope Care Brook Road is a domiciliary care and supported living service registered to provide personal care to people living in their own homes. The service currently provides care to nine people in a supported living environment and ten people who receive domiciliary care in their own homes.

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 visit because we needed to be sure that they would be in.

What we did:
We reviewed the information we had received about the service since they were last inspected. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law.

During the inspection we visited a supported living house and met and spoke with three people living there. We also spoke with four relatives to ask their experience of the care provided. We spoke with the registered manager, the provider, and four staff.

Inspection site activity started on 10 April 2019 and ended on 15 April 2019. It included telephone calls to people and their relatives to gain feedback. We visited the office location on 10 April 2019 to see the registered manager, speak with staff and to review care records. We looked at four people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, training records, accidents, incidents, complaints and medicine records, staff scheduling and the provider's audits and checks on the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People told us they felt safe. One person said, "Staff are nice and no one hurts me". Another person said, "Staff keep me safe; no one shouts at me and I feel safe in my house".
- There were effective safeguarding systems in place, and staff we spoke with understood their responsibilities to protect people from the risk of harm or abuse. One member of staff told us, "We've all had training and know how to report abuse".
- Lessons had been learned as a result of safeguarding investigations. For example, systems had been improved to ensure people only received their 'As required' medicines when they needed them.
- The provider had a system in place to record and review accidents and incidents. Staff we spoke with were aware of their responsibilities in relation to completing accident forms and escalating these to management for review. We saw action was taken to reduce a reoccurrence, for example, one person had a new bed with bedrails to prevent them from falling out of bed.

Assessing risk, safety monitoring and management

- People told us how staff supported them with their safety. One relative said, "Staff make sure [name] feels safe and comfortable before they do any care, calms [name] down Another person told us, "Staff help me in the kitchen, so I don't get burned".
- Risks to people's safety had been assessed and management plans were in place to guide staff. For example, where people had medical conditions that may affect their safety, such as epilepsy, or where people were at risk of falling or choking.
- Staff we spoke with were well informed about individual risks and explained how they supported people to keep them safe. For example, when supporting people with equipment such as bedrails or the use of a hoist.
- Personal safety had been considered when supporting people in the community. For example, having identity passes and contact numbers should a person need assistance from the public.
- Systems were in place to safeguard people's finances where they needed this support. Records for these showed that receipts and balance checks were in place to support all transactions.

Staffing and recruitment

- People told us they were happy with staffing levels. One person from a supported living service said, "Yes, we always have staff in the house very day and at night". People who received a domiciliary service in their own homes said they consistently had their care calls on time.
- We saw staffing rotas were planned and in accordance with one to one ratio's where people needed this level of support. Staffing levels for both services were reviewed to ensure people had the support they needed. Records showed action had been taken where a care call could not be covered at short notice.

● The provider had safe recruitment practices in place. Documents we looked at included references and Disclosure and Barring Service (DBS) checks. This helped to ensure only suitable people were employed to support people.

Using medicines safely

● People were happy with the support they had with their medicines. One Person said, "Staff give me my medicines every day".

● Staff confirmed they had training in the safe administration of medicines. Competency checks were in place to ensure medicines were given as prescribed.

● Protocols were in place where people needed their medicines to be given in a specific way or under specific circumstances.

● Audits showed that Medicine Administration Records (MAR) were checked regularly to identify safe staff practice and any errors, which we saw were followed up.

● Where staff were responsible for the storage of people's medicines, we saw this was secure.

Preventing and controlling infection

● Staff used protective equipment such as gloves and aprons to reduce the risk of infection when working in people's homes.

● We viewed one supported housing premises and found this was clean. People living there told us they were happy with the standards of cleanliness in the house.

Good

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

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 were supported by staff who understood their needs and how they wanted their care to be provided. One person told us, "I like living here, staff help me do things I want to do".
- People's needs were assessed at the start of using the service, and as their needs changed. Assessment information included recommendations from other professionals so that people experienced positive outcomes. For example, where people needed pressure care relief.
- Staff understood people's methods of communication and supported them to make their needs known.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain skills in cooking/shopping/accessing the community and domestic tasks.

Staff support: induction, training, skills and experience
- People told us staff had the skills to meet their needs. One person said, "They look after me really well and know how to do it properly". A relative commented, "I think the staff are trained and they know how to support my relative".
- Staff told us they had received induction training which included the Care Certificate and shadowing experienced members of staff.
- Staff said they had received training to carry out their roles and felt supported with platforms to discuss their performance.
- Competency and spot checks were completed to ensure staff applied their training and had the necessary skills to undertake their role.

Supporting people to eat and drink enough to maintain a balanced diet
- People were happy with the support they had with their meals and accessing drinks. One person told us, "The staff help me with my breakfast and always make sure I have a drink in reach".
- People in supported living were actively involved in planning and choosing their meals.
- Staff understood people's dietary needs and associated risks were planned for. For example, the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; people to live healthier lives, access healthcare services and support
- People in supported living told us staff supported them to attend routine health appointments. People receiving support in their own homes told us staff would call a doctor or other services if they needed this.

● Staff had good knowledge of people's health needs and provided examples of advice they had followed from health professionals. For example, advice from district nurses and occupational health had been followed so people would enjoy the best health outcomes possible.
● Staff told us they were confident that changes to people's health and well-being were communicated effectively.

Adapting service, design, decoration to meet people's needs
● People in supported living accommodation had care and support provided which was separate from the housing provider. Staff told us they supported people to liaise with their landlord for repairs to the accommodation.
● We viewed one such property and found the paint work was poor and decoration was needed. In addition, one person told us they were waiting for a shower facility to replace the bath. Staff told us they were working with the occupants to finance redecoration.

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 were supported to make decisions for themselves and there was an emphasis on involving people and enabling them to make choices wherever possible.
● People told us they were asked for their consent before they received care from staff.
● Staff we spoke with described working in people's best interests and in as least restrictive way as possible. However, records to support decisions made in people's best interest were needed to ensure decisions that might restrict people, were clear.
● Staff understood the principles of the MCA and training in this area had been planned for all staff.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
- People told us they liked and trusted the staff who cared for them. One person said, "I like the staff, they are good to me and listen".
- Staff had good knowledge about people's needs and what was important to them. One staff member said, "It's important to know people; if we value what they value it will show we care".
- People and their relatives were consistently positive about the caring attitude of staff.
- We saw staff took account of people's diversity. For example, taking time to explain or communicate with people in a way they could understand.

Supporting people to express their views and be involved in making decisions about their care.
- People told us they were involved in decisions about their care. One person said, "They generally do the same things each day to support me, but if I want something different they will do it".
- People from supported living told us they met with their keyworker to discuss their preferences and that staff helped them to do the things they wanted. This included having control over their daily routine.
- Staff understood people's forms of communication and behaviour and could interpret people's choices. For example, where people's diversity in relation to their mental health might affect their ability to communicate their needs. We saw positive examples of where staff had assisted people to express their views and this was captured in their care plan.

Respecting and promoting people's privacy, dignity and independence
- People told us staff protected their dignity when providing personal care. A relative said, "They are very professional; take their time and take care".
- Staff told us how they promoted people's privacy by ensuring they had personal time in their own bedrooms, particularly in the supported living service where some people lived in a group.
- People's independence was promoted. One person said, "I tell them what I want to do for myself; I like to shop and cook and have a shower, but they check me to make sure I'm okay".
- Staff told us they considered people's safety when promoting people's independence. For example, people may manage parts of their finances, or undertake some aspects of a task with supervision.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us they were involved in decisions about how they wanted to receive their care. A relative said, "I met with them and we went through routines and what we wanted help with". Another person told us, "I sit and talk about my care plan and what I want to do".
- People's care plans were personal to them and up to date. There were examples of people's preferences in care plans to reflect what was important to them. For example, supporting people to stay in touch with people important to them; family or partners. We also saw people's interests and levels of independence were discussed with them to ensure care was responsive.
- Staff were knowledgeable about the people they cared for and could describe the support they provided including meeting people's personal preferences. For example, in relation to practicing their religion.
- Where the service was responsible, people were supported to undertake activities of their choosing. People attending educational and social opportunities were evident. For example, attending college and accessing community amenities such as the cinema, theatre, and going on holiday, were evident.
- We saw information was provided in suitable formats to ensure it complied with the Accessible Information Standard (AIS). This helped to ensure people with a disability or sensory loss have access and can understand information they are given. People we spoke with told us they had copies of their care records in their homes.

Improving care quality in response to complaints or concerns

- People and their relatives were confident any concerns they raised would be responded to. One person said, "I have contact numbers and would phone the office".
- There was a system in place to manage complaints. We saw a complaint had been raised about a missed call which had been investigated and responded to. However, this was not recorded in the complaints log. The registered manager advised she would correct this.

End of Life care and support

- The service had supported people at the end of their life. A staff member told us people's wishes, needs and preferences would be planned for alongside the advice of health and social care professionals, so people's needs would be met, and their wishes respected.
- The provider's PIR stated staff had not received end of life training to equip them with the skills necessary to support people.

Good

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Governance and quality assurance systems were in place to monitor service delivery. Records showed regular checks were carried out on care records, medicine records, call scheduling and communication books to ensure these were up to date and reflected people's needs.
- Systems were in place to review accidents, incidents and safeguarding concerns to identify and act on any risks.
- Staff meetings were held to discuss and reflect on practice and drive improvements.

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

- Whilst the registered manager was relatively new to the service we saw there was a supportive management team with a clear structure. This supported both the domiciliary and supported living aspects of the service.
- The registered manager was aware of the legal responsibility to notify us of incidents that occurred at the service.
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.
- The provider had displayed their previous inspection rating at the office where people could access this easily.

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

- People's feedback was sought via regular surveys and courtesy phone calls. Visits to people's homes, and review meetings enabled people to engage with the service in a way they were comfortable with. Records showed people were satisfied with the service. A relative said, They are very good; polite and helpful pleasure to have them".
- The provider demonstrated they acted on staff feedback to drive improvements in the service. For example, they had addressed career development and all staff were supported with obtaining nationally recognised qualifications.

Continuous learning and improving care

● Staff confirmed they were supported by their immediate line managers. We saw regular platforms for communication such as supervision and staff meetings were carried out to support staff to reflect on their practice.
● A training schedule was in place and improved face to face training for staff had taken place. Staff felt this helped improve care delivery and staff skills.
● Competency checks were completed to ensure staff supported people in the right way.

Working in partnership with others
● The provider worked in partnership with other professionals to ensure people received the support they required. This included social workers, health professionals and landlords so that people had positive outcomes from the service provided.