

Hope Care Agency Ltd

# Hope Care Agency

## Inspection report

Office 10, Canalside House  
383 Ladbroke Grove  
London  
W10 5AA

Tel: 02089601901

Date of inspection visit:  
09 August 2017

Date of publication:  
13 September 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 9 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the service.

Our last inspection of Hope Care Agency took place in July 2015. The service met the regulations inspected at that time. We indicated that some areas of service delivery required improvements.

Hope Care Agency is registered to provide support and personal care for adults. At the time of our visit three people were using the service and had been receiving support from this service for the past two years.

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

Care plans were developed by consulting with people and their family members. Where people were unable to contribute to the care planning process, staff worked with people's relatives and representatives and sought the advice of health and social care professionals to assess the care needed.

A range of risk assessments had been completed. These included assessments covering issues such as falls prevention and guidance around food, nutrition and personal care.

Risks to people were monitored and reviewed to ensure action was taken to avoid accidents and the deterioration of people's health. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Relatives described the staff who supported them as caring and respectful. People's independence was promoted and staff understood the importance of respecting people's privacy and dignity.

Relatives told us family members received their support visits consistently and always received the care they needed. Staff were required to record arrival and departure times and all tasks completed in people's daily log books.

People were supported at mealtimes to access food and drink of their choice. Staff were required to prepare simple meals of their choice or reheat and serve food prepared by family members.

Staff had completed training in food hygiene and preparation and had access to guidance about how to support people to eat healthily.

Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable.

Staff were familiar with the provider's medicines policy and procedures. At the time of our visit, people using the service were not being supported with medicines as this task was overseen by family members.

People told us they received care from competent staff who had the skills and knowledge to carry out their work. Records confirmed that staff received appropriate training and support to carry out their duties and meet people's needs effectively.

There were policies and procedures in place to protect people from harm or abuse. Records were available in staff files to demonstrate that staff had attended relevant safeguarding training.

People were asked for their views of the service and said they knew how to make a complaint about the service if they needed to.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements.

## 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.

A range of risk assessments were completed in relation to the environment, and people's mobility and personal care needs.

Staff were able to explain their understanding of safeguarding and whistle blowing policies and provide examples of how they related to their duties and responsibilities.

Before commencing employment, staff were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and were aware of their responsibilities in relation to the Mental Capacity Act 2005. Where appropriate, people gave consent to the care they received.

People's health was monitored and medical support was sought when required.

People received the level of support they required to have enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who had developed positive and caring relationships with them.

Relatives told us they could make decisions about the care their family members received.

Relatives were complimentary about care staff and the care provided.

### Is the service responsive?

Good ●

The service was responsive.

An initial assessment process ensured that people's individual care and support needs could be met by the service before a package of care was organised and care staff allocated.

Care plans were reviewed regularly, up to date and had been signed and dated accordingly.

The service had a complaints policy which was available for people using the service and their family members.

### Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Efforts had been made to obtain the views of the people supported by the service and their relatives.

The service undertook 'spot checks' to ensure the quality of the care and support people received. When necessary, action was taken to improve people's experience of the service.

# Hope Care Agency

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 August 2017. The inspection was carried out by one adult social care inspector and was announced. Our last comprehensive inspection of the service was in July 2015. At that time we rated the service overall as 'Requires improvement'.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We spent time at the provider's office and spoke with the registered manager and a staff training representative. We contacted two relatives of people using the service and two members of care staff for their feedback about the service and the care provided.

We looked at the care records of three people using the service, three staff personnel files, staff training records and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, complaints and accidents and incidents.

# Is the service safe?

## Our findings

Relatives we spoke with told us their family members were well cared for by staff. Comments included; "Everything is perfect, I have no complaints" and "It's all ok."

A staff member told us, "I am very confident doing the job and always do everything safely." Risk assessments were carried out for each person using the service, in order to identify any risks to the safety of people and staff. These addressed areas of daily living, for example moving and positioning people and supporting them to mobilise safely.

Specific individual risks to people's health and well-being were being identified. For example, we saw that where people were living with diabetes appropriate risk assessments and healthy eating guidelines were in place.

Risk management plans were reviewed and updated as and when risks or significant changes occurred or as a minimum on an annual basis. We saw that this was being achieved and a brief update summary was being recorded.

Staff completed safeguarding training as part of their induction and this training was refreshed as required. Staff knew what action to take and who to contact if they suspected abuse or had other concerns about a person's welfare. The service had up to date policies and procedures in place for safeguarding adults and responded to concerns by contacting the relevant agencies and CQC.

There were effective recruitment and selection processes in place. We saw documentation that recorded where appropriate identity and criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). DBS applications were up to date. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people using the service. Staff records contained application forms, job descriptions and employment contracts.

The administration of prescribed medicines was managed by family members for the three people using the service but staff told us they sometimes needed to remind people to take their medicines and that when they did this it was recorded in people's daily logs.

The provider had an infection prevention and control policy in place. Staff told us they had access to disposable gloves and aprons and had received training in infection control.

A relative told us, "[Staff] are always exactly on time." Staff told us they usually arrived on time for their scheduled visits but would notify the office if they were held up due to traffic or thought they would be late. People and their relatives confirmed they were kept informed and apologies were made for any delays.

# Is the service effective?

## Our findings

People told us they were happy with how the service met their needs. A relative told us, "[Staff] look after [my family member] like I would look after [them]. [Staff] are fabulous."

People using the service were currently receiving support with personal care needs, food preparation and household duties. Care records provided staff with a sufficient amount of information as to how people wished these tasks to be carried out and the level of support they required. A member of staff told us, "[Person using the service] 100% knows what [they] want. [They] tell me what I need to do. We get on very well."

Staff confirmed they completed an induction and had received the training required to carry out their roles effectively. The induction programme contained elements of the new Care Certificate that was introduced for all care providers on 1st April 2015. Staff told us they were able to shadow other members of staff before working on their own with people using the service.

Records showed that staff were provided with mandatory training, which included safeguarding, moving and positioning and health and safety. Staff records contained certificates for a range of subjects and training sessions that staff had attended over the past two years. A relative told us, "[Staff] know how to do their job."

Supervision of staff was being used to support staff and monitor performance. Staff said these supervision sessions were useful. We saw that supervision sessions occurred on a regular basis and included feedback to staff on their performance, details of any additional support the staff member required and a review of any training and development needs.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager, service manager and support staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

People or their relatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Where people had been assessed as not having the capacity to make a specific decision, a process of 'best interests' decision making had been followed.



## Is the service caring?

### Our findings

Relatives told us they felt staff were caring. Comments included; "[Staff] are excellent" and "very helpful."

Staff worked to ensure people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements.

People received a service based upon their individual needs. People's needs were assessed in relation to what was important to them. This meant the service was planned and delivered taking into account what people needed and what they wanted. For example; people received care from female members of staff only where this had been requested.

Relatives told us that staff provided care and support which respected people's privacy and dignity. A staff member told us that when supporting someone with personal care they "talk to [them], cover [them] with towels, make sure there are no males around, make sure [they're] comfortable. [They] like [their] privacy. I respect this."

Staff clearly knew the people they supported well and had built caring relationships with them and their family members. Where possible, staff members spoke the same language as the people they were caring for. The registered manager and staff spoke English, Arabic and/or Somalian. Staff respected people's faith and understood the needs of people who were practising Muslims.

A care plan review involving the person and their family was carried out on a regular basis. These reviews were based upon the views of people and their family members. They provided an update on how their needs had been met and identified any changes required in the care provided.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs. They informed us that the provider properly assessed their needs before they started using the service, to ensure the service was able to meet their needs. Records showed that people's risk assessments and care plans were regularly reviewed and updated.

Care plans contained information and guidance for staff on how best to monitor people's health and promote their independence. Staff told us they had access to copies of people's care records and had read these. We noted records included contact details for people's GPs and other relevant health and social care professionals involved in people's care.

Staff knew how to support people if their needs changed. In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact the registered manager in the office to inform them of any emergency situation.

People's care and support needs were updated and reviewed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

We looked at archived daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people's wellbeing and where appropriate, details relating to meal preparation and medicines prompting. A relative told us that staff always completed the daily logs and left messages for them if there were any requests or queries.

The registered manager told us they were always available to speak with people and listen to their concerns. Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure.

Relatives said they felt able to raise any concerns they had with staff and these were listened to and addressed appropriately. The complaints policy was available in the service user guide given to people when they began using the service. The provider had received no formal complaints regarding the service in the 12 months leading up to our inspection.

## Is the service well-led?

### Our findings

The service had a registered manager. Relatives knew who the registered manager was and were complimentary about the way she managed the service.

The registered manager was aware of her responsibilities in relation to the submission of notifications. These notifications inform CQC of events happening in the service and include safeguarding concerns. We have received no notifications in the 12 months leading up to our inspection.

Relatives spoke positively about the registered manager. Staff said they were able to contact the manager when needed. The registered manager told us the service operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support.

The sample of policies and procedures looked at during the inspection indicated that staff had access to clear written guidance. Staff demonstrated that they were familiar with these and aware of the responsibilities of their roles.

The provider sought the views of the people who used the service and the relatives, through surveys, telephone calls and visits to their homes. The opinions of staff were sought during their one-to-one supervision sessions and staff told us they could contact the registered manager at any time if they needed to discuss any aspect of the care they provided.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would record any incidents in people's daily log record and report the matter to the registered manager. No incidents had occurred in the 12 months leading up to our inspection.

Systems were in place to check on the standards within the service. Staff recorded the daily tasks they completed in a log book kept in people's care plan files within their own homes. The registered manager told us they completed regular and ongoing checks on care delivery and daily logs when they visited people in their own homes and when records were returned to the office. Staff files were well managed and all records were stored safely.