

New Hope Specialist Care Ltd

New Hope Care Hereford

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

This was an announced comprehensive inspection carried out on the 6 June 2018.

New Hope Care Hereford is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 22 people using the service on the day of our inspection.

There was a registered manager in post at the time of our visit. 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.'

At our last comprehensive inspection of the service in March 2017, the overall rating for the service was judged to be 'requires improvement.' At this inspection we have rated the service as 'good'.

People and their relatives told us they or their family members were safe and that staff followed safe work practices. The administration and management of medicines was safe. Risks to people were managed in a way that protected them and kept them safe from avoidable harm. There were enough staff to safely meet people's needs. The provider followed safe recruitment practice when appointing new staff.

Staff received on-going training and development in their roles, and they understood key legislation underpinning their practice. People's rights with regards to consent and making their own decisions was supported by staff. People were supported to access external health services when they needed them.

People enjoyed positive and respectful relationships with staff. People's dignity was maintained. People's independence was promoted as much as possible. People were actively involved in identifying their needs and wishes for their own care and support.

People's care plans captured their preferences, wishes, needs and interests, and staff used these to inform their practice. The provider was aware of their responsibilities under Accessible Information Standards. There was a system in place for capturing and responding to complaints, comments, feedback and suggestions.

People's experiences were reviewed regularly and their views were sought in relation to the quality of the service provided. The culture of the provider was open and transparent. Staff felt valued and were confident that they would be listened to if they raised any concerns. There were procedures in place to monitor and review the quality of the service, which the provider used to drive 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.

Risks to people were managed safely.

People received their medicines as prescribed and safely.

Staffing levels maintained at the home meant people's individual needs could be met safely.

People and their relatives consistently told us they or their family members were safe.

Staffing levels maintained meant people's individual needs could be met safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs.

Staff respected people's right to make their own decisions and supported them to do so.

Staff supported people to access healthcare services to ensure their health was regularly monitored.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate and caring.

People's rights to dignity and respect were always fully promoted by staff.

People felt valued and listened to in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans were up to date and accurately reflected people's needs.

The provider was aware of their responsibilities under Accessible Information Standards.

People and relatives knew how to raise concerns with the provider.

Is the service well-led?

Good ●

The service was well-led.

People's experiences were reviewed regularly and their views were sought in relation to the quality of the service provided.

The culture of the provider was open and transparent. Staff felt valued and were confident that they would be listened to if they raised any concerns.

There were procedures in place to monitor and review the quality of the service.

New Hope Care Hereford

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 was an announced comprehensive inspection carried out on the 6 June 2018. The inspection team consisted of one inspector, supported by two further inspectors, who undertook telephone interviews with people, relatives and staff. 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 at their office to facilitate the inspection.

The inspection visit was undertaken before the provider had been requested to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection visit, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for any information they had, which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. We were also contacted by a social care professional who provided information regarding their engagement with the provider.

As part of the inspection, we met four people in their own homes. We also spoke with six people, six relatives and seven support workers. As part of the inspection, we visited the provider's office and spoke with the registered manager, training and compliance manager, the care coordinator and an administrator responsible for quality assurance checks. We reviewed a range of records about people's care and how the home was managed. We looked at four care records, medicine administration records, seven personnel files and records related to the management of the service.

Is the service safe?

Our findings

At the time of our last comprehensive inspection in March 2017, the 'Safe' key question was rated as 'requires improvement.' At this inspection we judge the key question as 'good'.

People and their relatives consistently told us they or their family members were safe and that staff followed safe work practices, and they felt safe in their presence. One person told us, "I trust them [staff] in my house completely, even if there is no one else around." Another person said, "If I need anything, they [staff] are always helpful and supportive. I feel safe all the time with them." One relative told us, "I feel absolutely safe. They [staff] can be relied upon completely and my relative is doing fantastically well. They [relative] get wonderful safe and supportive care."

The administration and management of medicines was safe. People told us they were happy with the support they received with their medicines. One person said, "They [staff] do my medicines, morning and nights, there are never any issues." One relative told us; "They [staff] give all their [relative's] medication. There has never been any concerns or missed medicines." People's medicines were managed by staff who had received training in their safe administration. We found details of individual medicines and prescribed creams were recorded accurately when administered by staff. Staff confirmed they received unannounced 'spot checks' by management to ensure they were administering medicines safely. We found all the medication records we looked at had photographs and people's allergies recorded. This reduced the risk of medicines being given to someone with an allergy and was in line with current guidance. Medication audits were also undertaken to ensure medicines were administered safely. Some people were prescribed medicines to be given 'when required', such as pain relief. Additional information was available for staff to help ensure they gave these medicines in a safe and appropriate way and when they were needed.

Most people and their relatives told us that the current staffing levels maintained enabled individual needs could be met safely. They told us they received a consistent and reliable service from a familiar team of staff. They received a rota each week advising them of the staff who would be supporting them. Staff were punctual and stayed for the full duration of calls. No one we spoke to had experienced missed calls. Where staff had sometimes been delayed, the office would ring through to notify people of the delay. One person said, "They always keep to their times and let me know if there is a change." Another person told us, "If they [staff] are five or ten minutes late, they make sure I don't feel rushed and give me the full time that I'm due." A third person said, "They are very reliable." One person told us that they were supposed to have set call times, which staff often failed to meet. We raised this matter with the provider to address with the person. We received reassurance from the registered manager that the person was receiving a punctual service.

Staff told us they had attended safeguarding training. Staff knew to look out for potential signs of abuse, such as changes in people's behaviour, appearance, lack of funds and any unexplained marks or bruising. They told us they would immediately report any abuse concerns to the management team, who they were confident would take appropriate action. One member of staff told us their priority was the people they supported and they would ensure the matter was dealt with correctly by the management, otherwise they would report their concerns independently to the local authority or CQC.

Recruitment of staff was underpinned by safe practice. Staff had received appropriate checks prior to starting work with people. They told us they did not start work until the provider had checked their previous employment history, their identity and obtained work and character references for them. A background check called a Disclosure and Barring Service check was completed prior to staff commencing work. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. These checks help to ensure that prospective staff were suitable and safe to work with people in their own homes.

Risks to people were managed in a way that protected them and kept them safe from avoidable harm. Plans were in place to ensure people were protected from risks within the home environment, during activities they engaged in, and in respect of their care and support they received. Staff were aware of the risks people faced and knew the support they needed to help keep them safe. Staff understood the provider's procedures for reporting and recording accidents and incidents. These were reviewed by management who ensured appropriate actions and outcomes for people were taken and recorded.

Staff said they had received guidance and training on infection control and prevention, and had consistent access to, and made use of, appropriate PPE, which was always re-stocked.

Is the service effective?

Our findings

At the time of our last comprehensive inspection in March 2017, the 'Effective' key question was rated as 'requires improvement.' At this inspection we judge the key question as 'good'.

People and relatives spoke positively about the knowledge and skills of the staff supporting them, stating they carried out all required care tasks safely and effectively. One person told us how new staff 'shadowed' more experienced staff, and were patiently taken through and introduced to the support they [person] needed step-by-step.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us they were consulted and involved in care assessments and care planning, which were individualised to their needs. People were encouraged to make decisions about their care, which included their day to day routines and preferences.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights with regards to consent and making their own decisions were supported by staff. People we spoke with confirmed that staff asked their permission prior to supporting them. Staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have mental capacity to make their own decisions. Staff had been trained in the MCA, and had an understanding of how this could affect how they obtained people's consent, should they not have capacity to make specific decisions.

Staff spoke positively about the initial induction training programme they attended, which included completion of the Care Certificate, and the overall standard of the training provided. The Care Certificate is a nationally recognised qualification in adult social care. One member of staff said, "It [induction] was very good. I was never thrown in the deep end, and if I was ever unsure about anything they [management] would go through it with me in a way I could understand. They always introduced me to the clients first, followed by a period of shadowing." Another member of staff said, "The training I've had is the best I've ever had in care. [Training officer] cares and they are passionate about what they do. If there are any updates that affect our practice, which we need to be aware of, [training officer] will email all staff." Staff confirmed they received regular supervision during which they could raise any work-related issues and receive feedback on their work. The training coordinator confirmed that in addition to mandatory training, specific training would be sourced for staff to support people with a diagnosed condition such as epilepsy.

People who received support with meals and drinks were satisfied with the manner this was provided. One relative told us, "They [staff] give [relative] lots of little snacks and finger foods throughout the day, as they know that is how they like to eat. They keep them hydrated." People were able to choose what to eat and were also supported by staff to prepare meals. One relative told us, "They give [relative] lots of little snacks and finger foods throughout the day as they know that is how they like to eat. They keep them hydrated." People were able to choose what to eat and were also supported by staff to prepare meals. Systems were in place to assess people's needs if this support was needed or if people had an identified risk. Staff told us that, where necessary, they would support people to ensure their dietary needs were met and would encourage them to make the right choices. Where required, staff would monitor people's fluid and food intake in support of other health care professionals.

We asked people about how they were supported to access external health services. One person described the prompt manner in which a member of staff had responded to a health condition, and had called the ambulance service and remained with them until it arrived. Where required, staff supported people to attend health appointments, and also supported health care professionals like district nurses, speech and language and occupational therapists during their visits with people in their homes.

Is the service caring?

Our findings

People told us they were supported by staff, with whom they had positive relationships, in a kind, respectful and compassionate manner. People and relatives told us staff adopted a caring approach to their work. One person said, "They [staff] are always friendly and chatty, which makes me feel valued and respected." Another person told us, "I can't fault any of the staff. They understand my condition and are very gentle when they handle me. They [provider] have a brilliant selection of staff who are very kind, caring and understanding." One relative said, "Staff are kind and respectful and have a good relationship with my relative." The registered manager told us that, on the whole, they used the same members of staff to support people, which enabled staff to build a strong relationship with people and their families.

People told us staff treated them with dignity and respect at all times. People were relaxed, calm and at ease in the presence of staff. One person said, "They always tidy up after themselves, which shows respect for me and my home." Another person told us, "The staff are very respectful and do anything I ask. I would recommend them." One relative explained that the group of staff supporting their relative worked well as a group and provided wonderfully respectful support. They believed that their relative's well-being and quality of life had improved as a result. Staff recognised the importance of promoting people's rights to dignity and respect, and protecting their modesty and privacy during intimate care. They described how they did this by, for example, recognising people's need for privacy, knocking before entering rooms, listening to people and offering companionship.

Staff we spoke with demonstrated a good knowledge of the people they supported and the importance of encouraging people to be independent. One person told us, "I keep my independence and don't want to rely on them. They [staff] encourage me to do as much for myself I can." Staff explained how they would encourage people to do as much as they could for themselves, to promote their.

People told us they were actively involved in identifying their needs and wishes for their own care and support. They felt they were listened to by staff and the provider, who respected and acted on their requests. One relative told us, "I'm involved in regular reviews of care to make sure everything is in place. I'm kept up to date and fully consulted about things." One person told us they and their relatives felt involved in their care they received and were able to share their views and opinions at any time with the provider. They explained how they appreciated the efforts of the management team had made to chase up a review of their care package with social services. They confirmed they had regular in-house reviews with the management team.

Is the service responsive?

Our findings

People told us they received care and support, which was personalised and responsive to their individual needs. One person told us, "The carers always check what I want doing and are always willing to do extra to help me out, such as watering my plants." They explained how they were recovering from a health condition, and that staff asked them about the condition in order to support them better. One relative told us that there had been positive outcomes for their relative, and that staff knew what they were doing and were all competent and reliable. One person explained to us how they received support that met their individual needs and requirements. They praised the flexibility and responsiveness of the provider to cancel calls, often at the last minute, to support their individual needs. The person said, "They [provider] are brilliant. I can text or ring even half an hour before the call is due to cancel it."

People confirmed they were involved in the development and review of their care needs and were consulted if any changes were required. Where people's needs changed, staff took immediate action to respond to the changes and ensured people still received personalised care. Care plans we looked at were comprehensive and up to date, and included 'hospital passports' for people, in the event of an emergency admission to hospital.

The registered manager was aware of people's protected characteristics under the Equality Act 2010. They assured us people's related needs, including their spiritual beliefs, were considered as part of the assessment and care planning processes. Staff demonstrated an awareness of the need to be sensitive and considerate about issues around equality, diversity and human rights. Staff told us they respected people's privacy and supported them in the lifestyle they chose to live. They said the provider ensured the service was an inclusive one, which promoted an awareness of equality and diversity. In-house training for equality, diversity and human rights was mandatory as part of the initial induction programme. Refresher training was provided every 12 months. The training coordinator told us staff recruitment interviews were set up to include specific scenarios and lines of questioning to ensure staff had appropriate attitudes and thoughts on equality and diversity. The training coordinator also told us they had a mix of multicultural staff, so were conscious of their responsibilities towards equality and diversity in the daily workplace.

The registered manager showed insight into the Accessible Information Standard, which requires publically-funded bodies to provide key information about people's care in a variety of formats for people who have sensory impairments. The registered manager told us they had several people who were deemed to have sensory impairments and who had chosen to receive easy-read or large print formats for all communications. The registered manager told us that as part of their initial assessment, people were given the choice of format to receive any correspondence, including the weekly rotas, which included large-print and easy-read formats, if required. The registered manager also told us they used external health professionals to assist in determining people's communication needs. They considered areas such as any hearing loss, sight impairment, learning disabilities or mental health needs.

People and relatives felt able to bring concerns and complaints to the attention of the management team, and felt confident they would be listened to. They had been provided with written information on how to

make a complaint and told us they knew they would be listened to. One person explained how the management team had taken on board and addressed their previous concerns about being supported by particular member of care staff. They had felt rushed by the staff member involved, and the service had responded by not sending them again. One relative us, "When I have raised issues, they are rectified pretty soon."

During our inspection visit, the registered manager told us they were not providing end of life care for anyone at that time. They told us that in the event of such need, they would record the person's end of life wishes and preferences and work closely with the GP and district nurses and other health professionals, such as Macmillan nurses, Marie Curie and the local hospices.

Is the service well-led?

Our findings

At the time of our last comprehensive inspection in March 2017 the 'Well-led' key question was rated as 'requires improvement.' At this inspection we judge the key question as 'good'.

People told us they were involved in how the service was provided and they were asked to comment on the care they received. Some people told us they had been asked to complete surveys about the service they received. The registered manager explained that each person was either visited or contacted on a monthly basis by the management team, to discuss their needs and the quality of the services delivered. This enabled them to respond quickly to resolve and address any concerns.

People and their relatives told us they the service was well-run and spoke highly of their dealings with the management team. One person told us, "They [management] are very professional and will react straightaway to any problems. I'm so glad to have been put with New Hope Care. I believe they are at the top of the list of care companies in Hereford." They also described how the care coordinator had been absolutely brilliant with emotional support for them and their family.

Staff described a culture in which they were able to speak openly with the registered manager and management team. They had confidence in management's willingness to listen to and act on their concerns. Staff understood the values and vision of the service and spoke about what was expected of them in their roles. Staff felt valued in their work by an approachable management team, and someone was always available to provide advice and guidance. One member of the management team was always available 'on call' for staff. One member of staff told us, "The praise they [management team] give you goes a long way; not many companies do that. I feel like a very, very valued member of the care team." Another member of staff said, "[Registered manager] is fantastic. They sort things out immediately and I can contact them or the on-call person at any time with any difficulties." Staff understood their responsibility about 'whistleblowing' and were aware of the provider's policy on this matters.

Systems were in place, which monitored the service and quality of care provided to people. These included regular unannounced 'spot checks' of staff, where people were also asked if they were happy with the service provided. The management team completed regular audits, which included care records, financial and medication records. The administrator was responsible for auditing care files to ensure records were accurate and up to date and reflected people's needs. Where issues were identified, these were recorded and then actioned by the management team. Where the provider supported people on 24-hour basis, weekly health and safety and fire safety checks were undertaken by staff.

Where issues were identified from auditing and monitoring, the information was reviewed by the management team in order to develop an appropriate response to improve practice. Any identified learning or changes in working practices was shared with staff via internal communications or guidance issued and placed in people's homes. Staff were required to sign and acknowledge information or guidance to ensure they had understood these changes. For example, medication records were identified as not having been completed accurately with minor errors. An action plan was developed to reduce the errors, which was

actioned with the involvement of staff. Further training was provided regarding the importance of correct recording of medication and the potential consequences of inaccurate records. This has resulted in positive outcomes regarding the accurate completion of medication records. This demonstrated that the provider was looking at lessons learnt to drive improvements.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.