

Hope Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hope home care is a domiciliary care service providing a regulated activity of personal care. At the time of the inspection there were 56 people were using the service.

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

People being supported by the service were safe. Risks to people's safety and well being were assessed and managed well. People received their medicines regularly, as prescribed. Staff had received training relevant to their roles which ensured they had the skills and knowledge to meet people's individual identified needs.

Accidents or incidents were recorded and reviewed to help identify any trends and any learning from events was shared with staff to help reduce the risk of it happening again.

The service had effective infection, prevention, and control measures to keep people safe. This included following current guidance. Personal protective equipment [PPE] was provided to staff.

Why we inspected

We undertook a focused inspection to review the key questions of safe, and well-led only. This was because the service had not been inspected since 26/10/2017

For more details, please see the full report which is on the CQC website at www.cqc.org.uk Rating at last inspection. The last rating for this service was good. The service remains rated Good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The last report published on 27/11.2023

You can read the report from our last focused inspection, by selecting the 'all reports' link for Hope home care on our website at www.cqc.org.uk. 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.

Is the service well-led?

Good ●

The service was well led.

Hope Homecare Services Limited

Detailed findings

Background to this inspection

Background 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 completed by 1 inspector.

Service and service type

Hope home care is a domiciliary care service. Providing a regulated activity of personal care to people living in their own homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this service. 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

This inspection was announced. We gave the registered manager 24 hours notice as this is a small service and we wanted to make sure the registered manager would be available to support the inspection. Inspection activity started on 8 December 2023 and ended on 11 December 2023. We visited the service on 11 December 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 3 people who used the service and received feedback from 4 family members about their experience of the care provided to their loved ones. We spoke with 6 members of staff including the director, registered manager, coordinator, trainer, an external consultant and support staff. We received feedback from 09 care staff. We reviewed 2 people's care files and 2 staff files. We also reviewed training records, audits, and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from abuse

- People were safe. The staff team knew how to support people safely.
- All staff had completed safeguarding training. They were aware of the different types of abuse, along with the reporting process.
- One family member told us, "I feel my loved one is safe. The office staff are very good at informing us if there are any concerns."

Assessing risk, safety monitoring and management

- People had individual risk assessments completed where possible before the service commenced.
- Risk assessments included the environment, fire safety, moving and handling, mobility and administration of medicines.
- Where risks were identified, they were recorded in people's care plans, with measures in place to help reduce the risk of harm.
- This information informed staff how to support people safely.

Staffing and recruitment

- The recruitment process was robust. Staff retention was good.
- A disclosure and barring check was completed and a minimum of 2 professional references were taken up in advance of staff commencing work at the service.
- There were enough staff on duty to help support people at the agreed times.
- Occasionally care calls were later than expected. This was due to adverse traffic conditions.
- Where possible people were notified if the carer was running late. Travel time was planned into the rotas.

Using medicines safely

- People were supported to take their medicines regularly, as prescribed.
- Staff completed administration of medicines training and had their competencies checked. This ensured staff had the right skills and experience to assist people to take their medicines safely.
- There was a process in place in the event of medication errors. This included an investigation and any learning shared.

Preventing and controlling infection

- People were protected from the risk and spread of infection by staff who had been trained in infection prevention and control.
- Staff were provided with personal protective equipment [PPE].
- Staff were kept updated of any changes to guidance.

- There was a contingency plan in place to ensure the service could respond in the event of COVID-19 outbreak.

Lessons learnt

- Accidents, incidents and events were reviewed and monitored to see if there was any learning to be shared with all staff.
- This helped to identify trends and to consider if anything could be done differently and reduce the risk of it happening again.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In community service this is through the court of protection.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of MCA legislation.
- People who were identified as not having reliable or full capacity had an MCA assessment completed to decide how best to support them.

Is the service well-led?

Our findings

Well Led - This means we looked for evidence that the service leadership management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open and fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently well led.

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

- The management team had clear roles and responsibilities. The systems and processes were well established to ensure consistency of monitoring the service. Risks were identified and managed well. The registered manager kept updated to any changes to the regulations and or legal requirements.
- The management and staff team were committed to a culture that achieved good outcomes for people.
- Feedback from people was overall positive. One person told us, "Hope home care provide care for my family member and have been doing so for several years. We are very happy with them, they have always been kind and respectful, and we feel they work well with us as a family."

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

- The management team promoted a culture that was open, honest and transparent.
- The registered manager promoted a culture that ensured people were at the heart of everything they done. For example, the company had introduced digital planning to move from paper records to all electronic.
- The registered manager had purchased a piece of equipment to help stimulate people living with dementia. What was this equipment and link the next bullet point if this relates to the same information.
- It helped care staff to understand why people may not want to interact with certain things or walk in a place with certain flooring which could appear to be a hole in the ground.
- The registered manager told us they had engaged with a service where different coloured mats were available for people living with dementia, they help engage people with a sensory stimulation.

How the provider understands and acts on the duty of Candour which is their legal responsibility to be open and honest with people when things go wrong

- The registered manager and management team were aware of the requirement to report any accident, incidents or events that happen under their duty of Candour responsibilities.
- There had not been any duty of Candour incidents since the last inspection.

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

- People who used the service and family members were positive about the level of engagement and the effective and timely communication of the staff team.

- One family member told us, "The office staff keep me informed of any changes in a timely way. This provides reassurance that my loved one is well cared for."
 - Staff were really positive about working for Hope Home care Services Limited. One staff member told us, "I am so proud to work for Hope. They are a good company to work for."
 - Another staff member told us, "I would like to commend the efforts made by my company in creating a positive work environment. I appreciate the initiatives taken to encourage teamwork and collaboration among the staff."
- People's individual religion, culture and or protected characteristics were respected.
- There were regular staff meeting and interactions in peoples' home, for example when completing quality assurance checks.

Continuous learning and improving care

- Hope Home care Services Limited worked as a team to promote positive care experiences for people who they support. They demonstrated an atmosphere thinking outside the box. For example, exploring new equipment to help engage people living with dementia.
- The management team had robust systems in place to introduce new systems and processes, for example, the migration of care plans to the digital platform.
- Monitoring of staff punctuality and the delivery of high-quality care, resulted in a nomination for the National Care awards. I would add the year this happened to provide context.
- The registered manager told us they valued their care staff. For example, they send a staff appreciation email if they have received a compliment. They have an employee of the month, send birthday cards.
- Staff have occupation health cover. Oversea staff have training to familiarise them with the cultures.
- They have training for life in the UK, including, British culture, food, social life and legal requirements. Pastoral training. Quality assurance framework ISO 2000 quality Standard.

Working in partnerships with others

- The service worked in partnership with other professionals, enabling the sharing of good practice initiatives. GP's, district nurses and commissioners This helped to provide seamless care.