

Precious Hope Health & Home Care Ltd

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Inspection report

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29 September 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Precious Hope Health and Home Care provides care and support to older people and people with a learning disability living in their own homes. At the time of our inspection the service was supporting 23 people, however, only 19 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider failed to ensure their recruitment policies were followed. This meant staff had been employed without all the suitable checks being carried out.

People were at risk of not receiving their calls as planned. The provider failed to use their systems to check people had received their care at the planned times placing people at risk of not receiving their meals, personal care and medicines as planned. The provider did not have an adequate system to ensure staff who required supervision and close monitoring received this.

The provider did not have a robust system to ensure staff had accurate information about how to provide care as not all the care plans reflected people's current needs.

Whilst the provider continued to recruit enough staff to meet people's needs, the registered manager and office staff were providing care to ensure people received their care.

People and their relatives were asked for feedback about their care through telephone surveys. Staff meetings enabled staff and managers to discuss how they planned to improve the service.

People were protected from the risk of abuse by staff who understood how to recognise and report abuse. The registered manager had raised safeguarding concerns appropriately.

Staff had received training in infection prevention and control and had access to personal protective equipment which they used during people's care.

The registered manager reviewed accidents, incidents, near misses and complaints; information from lessons learned were shared with staff to reduce further risk.

The registered manager referred people to other organisations and health professionals for assessments to improve people's housing, medicines and fire risks.

The provider had implemented an electronic medicines system which had improved the managerial oversight of recording of people's medicines.

The provider and registered manager were working with commissioners and a consultant to improve their governance systems.

Rating at last inspection

The last rating for this service was requires improvement (published 20 October 2020).

Why we inspected

We received concerns in relation to recruitment and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to recruitment and a continued breach in relation to managerial oversight and governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Precious Hope Health and Home Care

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 Care Act 2014.

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.

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

This inspection was unannounced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the office on 23 and 29 September 2021 and spoke with the provider, registered manager, care co-ordinator and three members of care staff. We reviewed a range of records. This included six people's care records, rotas, daily notes and safeguarding records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives. We continued to seek clarification from the provider to validate evidence found. We asked for further records to be forwarded to us which included staff rotas 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not follow all the provider's procedures required for safe recruitment of staff. Not all staff files contained completed application forms showing previous employers, or the dates they had been employed. There had not been any checks for gaps in employment.
- The provider had not checked all staff had two references or that the references related to previous employment. This meant the provider could not be fully assured they were of good character or suitable to undertake the roles they had applied for.

The provider failed to establish recruitment procedures to ensure staff were safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were actively recruiting staff but were finding it difficult to find enough staff to meet all the care calls. The registered manager and care co-ordinator were providing care to ensure all people received their planned care. However, this had an impact on the timely availability of rotas and staff supervisions.
- Disclosure and Barring Service (DBS) checks were completed appropriately. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

At our last inspection the provider had failed to assess and mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- People's risk assessments and care plans provided guidance for staff on how to mitigate the risks.
- The registered manager had risk assessments to establish the suitability and safety of staff working alone.
- People received their planned care. However, further steps were required to ensure they received their care at the times planned.
- Staff had received training in the administration of medicines. One member of staff told us, "People's medicines are kept in safe places in client's homes and they are in blister packs."

- The registered manager had implemented an electronic medicines record which had enabled them to monitor the recording of administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff demonstrated a good understanding of recognising the signs of abuse and how and where to report it. Staff knew how to escalate their concerns if they were unhappy with the provider's response.
- The registered manager had raised safeguarding concerns appropriately. They had carried out investigations and taken action to protect people from the risks of abuse. The registered manager implemented the provider's safeguarding policy.

Preventing and controlling infection

- Staff had received training in infection prevention and control. The registered manager checked staff were complying with the infection control procedures at their spot checks and supervision.
- Staff had access to personal protective equipment which they used during people's care. One member of staff told us, "I visit the office once a month to pick up my supply of PPE."
- Staff had been assessed for their risks of acquiring COVID-19 and where necessary had met with the registered manager to ensure they had a plan in place to help protect them and others.

Learning lessons when things go wrong

- The registered manager shared outcomes from incidents and complaints with staff so they could all learn from them and make changes to improve the service. For example, one person had complained about their meals, so their care time and length of call was changed so staff could prepare a hot meal for them.
- People had complained that they had not always received their care at the times planned. The registered manager had improved this by spacing people's calls appropriately to enable people to have time between their meals and medicines. They had allocated travel time. Two members of staff told us they had been given five minutes of travel times between calls. However, further consideration for travel times was still required to ensure time of day and distance was taken into account.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to demonstrate the oversight and governance of the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The provider failed to have a system to ensure their recruitment policies were followed. They had failed to audit staff files which would have identified where staff had not undergone all the required processes to prove they were of good character and were suitable to undertake the roles they had applied for. People were placed at risk of receiving care from staff who were not suitable for the role.
- The registered manager failed to use all the systems provided to monitor the allocation of people's planned care. Where their computer system showed staff had not logged into calls or were late for calls this was not reviewed in real time to identify where people may have missed their care. People were at risk of not receiving their meals, personal care and medicines as planned.
- The provider failed to have adequate systems to supervise and monitor staff who have been assessed as not suitable to work alone. This failure had led two members of staff who were deemed unsuitable to work alone providing care alone, placing service users at risk of not receiving their care as planned.
- The system to monitor the quality of the care plans failed to identify where information was not accurate. For example, where staff were instructed to provide medicines when this was not required.
- The registered manager had audited the feedback from staff and service users; however, the analysis report of the feedback did not include the negative comments. For example, one relative had said, "I usually had to ring to find out why they [staff] had not arrived. I find [the calls] are not spaced out correctly - late breakfast and early lunch." The report did not reflect this and other comments and could not be relied upon to be a true reflection of people's feedback.

The provider failed to demonstrate the oversight and governance of the service was effectively managed. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- Since our last inspection the provider had implemented changes to the monitoring of information into the office and on-call. This had led to referrals to other organisations and health professionals for assessments to people's housing, medicines and fire risks.
- The provider had implemented an electronic medicines system which had improved the managerial oversight of the recording of the administration of people's medicines.
- The provider and registered manager were working with a consultant to improve their governance systems.

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 provider and registered manager understood their duty of candour responsibilities.
- All accidents and incidents were logged and shared with appropriate professionals and action was taken to reduce any further risk.
- Accidents, incidents and near misses were all reviewed, and any information from lessons learned shared with staff to reduce further risk.

Continuous learning and improving care

- People and their families were asked for their feedback through telephone surveys. Where people had raised issues, these had been addressed. For example, one relative told us, "We had a few problems, but we talked about these with [registered manager] and things are much better. The carers at the moment are lovely."
- Staff had the opportunity to feedback any concerns or ideas at regular team meetings. Minutes of staff meetings showed the registered manager and staff discussed the importance of logging in for all care calls.

Working in partnership with others

- The registered manager liaised with health professionals and other organisations to help facilitate people to receive care and additional help with their accommodation.
- At the time of the inspection the provider was working with commissioners to make improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to establish recruitment procedures to ensure staff are safely recruited.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to demonstrate the oversight and governance of the service was effectively managed.

The enforcement action we took:

We issued a warning notice that required the provider to be compliant with Regulation 17 by 22 January 2022.