

New Hope Specialist Care Ltd

# New Hope Care Gloucester

## 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 responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

New Hope Care Gloucester is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were ten people using the service.

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

Since our last inspection, improvements have been made to the quality of care, staff training and recruitment and the management of the service. The registered manager had assessed and implemented a range of systems and procedures to help them monitor and improve the service. However, further time was needed to assess whether the systems were effective and also to improve the recording of some of their monitoring processes such as staff observations.

We found progress was being made with staff training and development. Sufficient staff were available and had been safely recruited to meet people's needs.

Care and risk management plans provided staff with the information they needed to support people safely. Staff safely supported people with their medicines where needed. Further information was needed about the management of people's prescribed creams to help guide staff in their application.

Staff and the managers were aware of their responsibility to monitor people's well-being and report any concerns, allegation of abuse and incidents. Concerns or incidents would be reviewed by the managers and any learnings would be shared with staff to help prevent further occurrence.

People received personalised care and were supported to access health care services if their needs changed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported and valued by the management team. Communication systems were in place to enable people, relatives and staff to engage with the service and managers. The registered manager welcomed feedback from people, relatives and staff to better understand and improve their experiences of the service.

We have recommended the provider seeks guidance on their requirement to display CQC's performance assessment and overall ratings on their website in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 22 February and 10 March 2022. Four breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, and safe recruitment

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This inspection also, included to check whether the Warning Notice we previously served in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Hope Care Gloucester on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect and the provider's requirement to display their performance assessment and ratings on their website.

## 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# New Hope Care Gloucester

## 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 Health and Social Care Act 2008.

This inspection was also carried out to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 August 2022 and ended on 2 September 2022. We visited the location's

office/service on 30 August 2022.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We looked at three people's care records and relevant medication administration records. We looked at three staff recruitment files, staff training and supervision records. We viewed a range of records relating to the management and the monitoring of the service. We spoke by telephone with four relatives of people who use the service. We spoke with five members of staff including the registered manager, deputy manager and three care staff.

After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at training data and a range of policies and procedures.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure effective control measures had been put in place to manage people's risk and medicines. This was a breach of regulation 12 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.

- At this inspection we found improvements had been made to people's risk assessments and management plans. This meant staff had clear information about people's risks and the control measures needed to help mitigate people's personal risks, such as risks to people's skin or transferring people using a hoist. However more information about the management of some people's individual risks would help to provide consistency in the quality of care being provided.
- People received their medicines and creams as prescribed where they needed support. Medicines care plans guided staff on the level of support people required with their medicines.
- People's medicine administration records (MAR) had been completed with no gaps. However, the provider had not always ensured that people's prescribed creams included the full prescription information on the MAR to support their proper use.
- We found no impact on people as their relatives confirmed staff were knowledgeable in the management of people's risks and topical creams. We discussed these areas of further development with the deputy manager who said they would take immediate action and review each person's risk and creams management plan to ensure staff have clear guidance in the management of people's individual and clinical risks.
- Risks relating to people's welfare, safety and their environment had been assessed and documented.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practices were implemented and maintained. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- People were protected from staff that may not be fit and safe to support them as safe recruitment practices were being used.
- We found that effective recruitment systems were in place, such as carrying out criminal and employment checks on new staff. We discussed with the registered manager how they managed the risk to people when

they had not been able to obtain sufficient information about the character and background of staff. They shared with us a risk assessment which would be completed to address any gaps in their recruitment process.

- A system was in place to schedule and monitor people's care call times and staff rosters. Staff worked in small teams and in pairs to support people with their needs. This helped to ensure people were supported by a consistent staff team who knew them well.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
- The registered manager confirmed there had been no safeguarding incidents since our last inspection. They were aware of their responsibility of reporting and notifying relevant agencies of any safeguarding incidents in line with their policy and CQC registration.
- Staff had been trained in safeguarding and had access to the providers policies. The registered manager was currently reviewing the provider's safeguarding policies and procedures to help reinforce how and where staff should raise safeguarding concerns.
- People and their relatives confirmed they felt safe when they were being supported by staff. One relative said, "I am 100% confident in our safety."

Preventing and controlling infection

- Measures were in place to manage and reduce the spread of infection.
- Staff understood when to wear personal protective equipment, such as gloves and aprons and when additional infection control precautions should be taken.
- Staff completed regular COVID-19 tests in line with the relevant government guidance at the time of this inspection.

Learning lessons when things go wrong

- Systems were in place for staff to report any incidents and accidents. An on-call systems was in place for staff to seek advice and report concerns outside of office hours.
- The registered manager reviewed all incidents, concerns and near misses and took action where necessary to help prevent further incidents.



# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably qualified and competent to deliver personal care. This was a breach of regulation 18 (staffing) 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 18.

- Improvements had been made to the professional development and support of staff since our last inspection. Staff records and the staff training matrix showed that staff had been effectively inducted and trained in their role to enable them to deliver safe and effective care.
- The registered manager shared that they had gone 'back to basics' and requested all staff complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff completed an induction period including training, probation meetings and shadowing of experienced staff. One new member of staff shared with us they had thought their induction training was 'very good'. Another staff member said, "I feel good about the training we have had." Staff were supported to gain further national health and social care qualifications to help to develop their professional development.
- In addition to online training, staff had received training from seniors and health care professionals relating to people's specific needs such as moving and handling and catheter care. Staff were being supported to attend practical training to further develop and embed these acquired skills.
- Staff told us they felt supported and could seek advice and support at any time from the managers and their colleagues. The standards of staff's care delivery practices were monitored, and spot checked by the senior management team but not always recorded. Plans were in place to document their observations and assessments of staff care practices and skills and to carry out appraisals.
- Relatives told us they were generally confident in the skills of the staff. One relative said, "They seem to know what they are doing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an initial assessment and ongoing reviews of their support requirements to ensure the service was able to meet their needs.
- Best practice guidance was used when developing care plans. People and their relatives were involved in

the writing of their care plans.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were effectively supported with food planning and making healthy choices with their nutritional needs.
- Staff worked with people and their relatives to ensure people's specific dietary requirements and allergies were known and understood. Staff had access to people's care plans which provided them with clear direction on the support people required with their nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to monitor their well-being and access health care services as needed.
- Medical and social care advice was sought in a timely way when people's health concerns changed and referrals made to professionals as needed such as the GP or district nurse.
- Health action plans were in place to enhance staff's understanding of people's health needs and to help visiting healthcare professionals who may require significant information about the person.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and relevant others were involved in setting up and agreeing their care requirements and care plans.
- Staff understood the MCA principles and worked on the presumption people had capacity. Staff understood their role to provide people with maximum choice and control of their lives and the support they received.
- Systems were in place to assess and support people who lacked mental capacity in their best interest. This would ensure that people's human rights were protected, and staff would be guided on making decisions on behalf of people in their best interest.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care. People's relatives told us they had seen an improvement in the service. They provided positive feedback about the kindness and attentiveness of staff. One relative said, "They keep an eye on her skin and report anything to me. They are very good and always nice"
- We found people's care plans had been reviewed and provided personalised information about people's backgrounds, medical histories and the support they required from staff. Staff told us they had seen an improvement in the quality and details of people's care plans. They confirmed they had the information they needed to provide person centred care.
- Senior support workers assisted the managers in monitoring the service and the care being delivered to ensure staff remained responsive to people's needs. Reviews were completed at regular intervals and when changes in people's needs had occurred.
- Staff recorded the care they delivered and communicated any changes or concerns with the management teams and people's families.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs and aids were documented. This helped to prompt staff on how best to communicate and interact with people to ensure their views and wishes were understood.
- Relatives told us staff were respectful and communicated with people in a manner that was appropriate to their needs.

Improving care quality in response to complaints or concerns

- We were told that since our last inspection there had been no complaints. The registered manager had ensured that all people and their relatives were aware of their contact details and complaints policy if a concern needed to be raised.
- Relatives reported the registered manager was responsive to any concerns that they had raised.

End of life care and support

- The provider was in the progress of supporting staff to complete end of life care training to enable them to have a clearer understanding of good care practices when supporting people in the final stages of their life.
- The registered manager stated that people's care plans would be continually updated and amended to reflect people's changing needs and decline in health. Staff would work closely with people, their families and key health care professionals to ensure people's dignity and wishes were maintained with the aim to remain comfortable and pain free.

# 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 our last inspection we rated this key question as Inadequate. At this inspection the rating has changed 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.

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

At our last inspection the provider had failed to ensure effective systems were in place to monitor the quality of care being provided and the regulatory requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice informing them they must comply with the regulations by 30 April 2022. This inspection followed up on the actions the provider had taken to meet the regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the registered manager had completed a significant amount of work to appraise the service and to understand staff development and the needs of the people who used the service. Further time was needed for the register manager to fully implement and review the actions they had identified to improve the service. For example, a range of quality monitoring systems relating to the quality of care and the monitoring of staff had been implemented. However, we identified that the provider needed to improve elements of their record keeping to demonstrate the actions they had taken to monitor the safety of the service and staffing.
- Systems were in place to assist the managers in understanding people's current needs, the delivery of people's care and medicines management. However, the scope of the medicines audit needed to be expanded to include the administration and management of people's topical creams. This would help the managers to monitor the appropriate application of prescribed topical creams
- Some progress had been made to ensure all staff would complete practical training such as moving and handling where required. The registered and deputy manager were working on a plan to ensure all staff would receive regular supervisions, attend staff meetings and have their care practices observed in line with the provider's policies.

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

- The registered manager immediately acted on our feedback from the last inspection. They had initially imposed a restriction to take on any new care packages until they had assessed the service was safe to do so. A deputy manager had been employed to support the registered manager to improve and develop the service. We found that these actions had had a positive impact on the service. People, relatives and staff all

confirmed the service focused on good outcomes for people.

- The provider had failed to ensure the ratings from their last inspection were displayed on their website in relation to this service. The registered manager stated they had requested the provider to complete this requirement after our last inspection, however this had not been acted on.

We recommend the provider seeks guidance in ensuring the most recent assessment of the service and overall performance is displayed in a timely way on their website.

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; Continuous learning and improving care

- We confirmed the registered manager and deputy manager were aware of their regulatory requirements to inform CQC of significant events that occurred in the service.
- Staff were aware of the importance of reporting any accidents, incidents and near misses. The registered manager confirmed that they would investigate any type of incidents and apologies would be given if the incident was as a result of failure by the service. Actions would be taken to help mitigate further occurrence and any learning would be shared with staff.

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

- Records showed the communication that had been carried out between the service and people, their relatives and health care professionals.
- Staff felt valued and supported. They told us they had seen an improvement in the quality and level of management, communication and support. This had helped them to be motivated to provide high quality care.

Working in partnership with others

- The registered and deputy manager worked closely with people's families and people's key health care professionals who were involved in their care as needed.