

New Hope Specialist Care Ltd

# New Hope Care Hereford

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 8 and 15 March 2017 and was announced.

New Hope Care Hereford is registered to provide personal care to people living in their own homes. There were 20 people using the service on the day of our inspection.

The service is required to have a registered manager and there was a registered manager in post.

The provider had not carried out consistent pre-employment checks on prospective staff to ensure they were suitable and safe to work with people. People's rights under the Mental Capacity Act were not always fully promoted by the provider. The provider had not always made us aware of safeguarding issues involving the people who used the service, as required under their registration with us. Whilst the provider made use of quality assurance systems, these had not enabled them to address the shortfalls in quality we identified during our inspection.

Staff understood the different forms and potential signs of abuse, and the need to immediately report any concerns of this nature. People's involvement in decision-making about risks and staying safe was encouraged, and staff understood the need to follow the risk assessments in place. People received a consistent and reliable service, as the provider had assessed, monitored and organised their staffing requirements. People had the support they needed to manage and take their prescribed medicines safely.

Where required, staff supported people to have enough to eat and drink and to maintain a balanced diet. Staff played a positive part in ensuring people's day-to-day health needs were met and helping them to access healthcare services. Staff assisted people to request professional medical advice and treatment if they were unwell or in pain.

Staff took a caring and compassionate approach to their work with people. The provider encouraged and enabled people to express their views and be involved in decisions about their care and support. People's rights to privacy and dignity were protected by staff.

People received personalised care and support. People's care plans included details of their background, interests and preferences, and staff referred to these as needed. People and their relatives knew how to complain about the service, and felt confident they would be listened to.

People and their relatives described the open, ongoing dialogue they had with the management. Staff felt well-supported by the management team and had felt able to challenge work practices or decisions if necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider did not carry out consistent pre-employment checks to confirm prospective staff were suitable and safe to work with people. People and their relatives were involved in decisions about risks. People received a reliable and punctual service. People had support from staff to manage and take their medicines safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider did not always fully protect people's rights under the Mental Capacity Act. People were supported by staff who received effective support, training and supervision. People had support from staff to eat and drink enough. Staff helped people to maintain good health and access healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff took the time to get to know people as individuals, and treated them with kindness and compassion. The provider encouraged and supported people to share their views about their care and support. People's privacy and dignity were protected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support that was right for them. People's care plans included details about their personal backgrounds and preferences, and staff referred to these. People and their relatives knew how to complain to the provider, and felt comfortable doing so.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had not consistently made us aware of events affecting the people who use the service, in line with their registration with us. People, relatives and staff told us the provider promoted a positive and open culture within the service. The provider carried out quality assurance activities. However, these had not enabled them to address the shortfalls in quality we found during our inspection.

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# 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 checked 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 8 and 15 March 2017 and was carried out by one inspector.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection, we reviewed the information we held about the service, including any statutory notifications received from the provider. 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 their views on the service, and took these into account.

During our inspection, we spoke with four people who use the service and six relatives. We also talked to the registered manager, care coordinator, training facilitator, a team leader and four carers.

We looked at three people's care records, the recruitment records for six staff members, records of staff training and induction, safeguarding records, selected policies and procedures and records associated with the provider's quality assurance.

# Is the service safe?

## Our findings

At our last inspection, we found the provider did not always assist people to take their medicines safely. Staff were administering three people's medicines from containers prepared by their relatives, as opposed to the original packaging bearing the pharmacy's label. This practice is unsafe and does not reflect professional guidance on the administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In their action plan, the provider told us they intended to meet with the affected people and their relatives to agree upon safe medicine administration procedures.

At this inspection, we found the provider was meeting the requirements of Regulation 12. The registered manager informed us staff only administered people's medicines from their original packaging, and the conversations we had with people and staff confirmed this. People and their relatives told us staff provided the support people needed with their medicines. One relative said, "They (staff) collect (person's name's) prescriptions, give their tablets on time and sign the sheets." We saw the provider had put procedures in place designed to ensure people received their medicines safely and as prescribed. This included the provision of medicines training for all care staff. However, we identified the need for people's medicine administration records to include clearer information about the doses of the medicines to be given by staff. We discussed this with the registered manager, who assured us they would address this issue without delay.

We looked at how the provider checked the suitability of successful job applicants before allowing them to start work with people. We found they had not consistently completed appropriate pre-employment checks to vet prospective staff.

The provider's recruitment policy stated they obtained two satisfactory employment references and an enhanced Disclosure and Barring Service (DBS) check for all prospective staff. The DBS carries out criminal records checks to help employers make safer recruitment decisions. However, the recruitment records we looked at demonstrated that the provider had allowed a number of staff to start work without completing the relevant checks.

We discussed this issue with the registered manager. They acknowledged that, over recent months, new staff had not always undergone the required pre-employment checks. They told us high levels of sickness absence amongst the management team, and a lack of understanding on the part of those overseeing recruitment activities, had contributed to this failure. The registered manager informed us they would carry out an immediate review of staff recruitment procedures over this period, to ensure all necessary checks were completed. They also assured us no member of staff would be allowed to work alone with people until their pre-employment checks, included the receipt of a DBS certificate, had been fully completed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff helped them to stay safe, and to feel secure, in their own homes. They explained that

staff assisted them to move around their homes safely, making appropriate use of mobility aids and equipment to protect them from the risk of falls. One person described how staff gave them the sense of security they needed to be able to do things for themselves. This person told us, "When I was really well, I could have a shower. They (staff) waited outside the bathroom door. This gave me confidence and made me feel more comfortable. They also put my mind at ease when I become anxious." People's relatives confirmed staff played an important role in ensuring the safety and wellbeing of their family members. They explained that, amongst other things, staff monitored any changes in people's health and maintained the security of their homes. One relative described how staff were working successfully with an occupational therapist to ensure their family member had the right mobility equipment to move around safely.

Both people and their relatives were clear about how to raise any safety concerns with the provider. They told us they would not hesitate to contact the office with any such issues. Staff understood their role in encouraging people to speak out if they were worried about their safety. One staff member explained, "We (staff) have got a good connection with our service users. We can tell if they are a bit low, unhappy or bothered about anything, as we're a small team. We try to encourage them to talk to us."

The provider had taken measures to protect people from the risks of harm and abuse. The staff we spoke with had received safeguarding training, and understood the different forms and potential signs of abuse. They gave us examples of the types of things that would give them cause for concern, such as significant changes in people's mood or behaviour, unexplained injuries or missing possessions. Staff told us they would immediately report any concerns of this nature to the management team. One staff member explained, "I would go straight back to management and they would put it through as a safeguarding referral." Another staff member said, "If I have any concerns I make a call to the office, and I always keep my eyes open." The provider had developed formal procedures for dealing with any abuse concerns, and we saw that they had made notifications to the local safeguarding team in line with these.

People and their relatives told us the management team involved them in decisions about risks and staying safe. They felt the provider took a balanced approach to risk, and did not place any unnecessary restrictions on people's independence. On this subject, one relative described how staff supported their family member to stay safe whilst getting out and about on a daily basis. They explained, "[Person's name] is supported by carers who are keen on them doing what they want in life."

The provider had put procedures in place to assess the risks associated with people's home environments and their individual care and support needs. These assessments took into account important aspects of the individual's safety, such as their nutritional needs, mobility, the risk of falls and any assistance required with prescribed medicines. However, during our inspection, we identified the need for the provider to adopt a more systematic approach to risk assessment. We saw significant variation in the extent of the risk assessment completed for people in the care files we looked at, and this did not always cover risks identified in the individual's assessments. The registered manager acknowledged this issue, and we saw evidence of more comprehensive risk assessment procedures they had recently introduced. Staff understood the importance of working in accordance with people's risk assessments, in order to keep people and themselves as safe as possible. They told us the management team were quick to update them about any changes in risk by phone, text or email. One staff member said, "I always go through the previous care notes, and they (management) send an email out with any changes."

In the event that people were involved in any incidents or accidents, the provider had put procedures in place to ensure these events were recorded and reported. We saw the management team investigated incidents, accidents or safeguarding concerns, and took action to minimise the risk of things happening again. For example, following difficulties in opening one person's medication safe, the management team

had helped them arrange an alternative means of securing their prescribed medicines.

People and their relatives told us staff provided a reliable, punctual service. They explained that they were supported by regular staff, and that late or missed calls were not a concern. One person said, "They (staff) are fantastically reliable. They always notify me if they are going to be 10 to 15 minutes late." The registered manager explained that they assessed and planned their staffing requirements based upon people's individual care and support needs. They told us they had recently increased the amount of travel time staff were given between people's calls, to improve the punctuality of the service.



## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People and their relatives told us that staff asked people before carrying out care tasks, and that they encouraged people to make their own decisions. One relative said, "They (staff) always explain to [person's name] what they are doing. They also give them choices, in what they wear for example." However, some staff we spoke with lacked understanding of the MCA and its implications for their work with people. In addition, we found the information recorded on people's mental capacity assessments was not always accurate, clear or reflective of a decision-specific approach. For example, staff and management made us aware that one person's ability to make their own decisions had reduced over recent months due to dementia. However, this person's mental capacity assessment made no mention of any changes in their capacity, or the support they needed from staff to help them make particular decisions.

People felt staff had the skills and knowledge needed to support them in the way they wanted. We saw the management team had assessed, recorded and put plans in place to meet the staff training and development needs. This training plan took into account both the provider's mandatory training requirements and people's individual care and support needs. The registered manager explained that the provider had recently employed a new training facilitator to assist them in keeping on top of staff training. Staff spoke positively about their training with the provider to date, and felt this had enabled them to work in a competent and confident manner. One staff member said, "All the training has been good." Staff told us they were able to request additional training from the provider, if they felt they needed this.

Upon starting work with the provider, staff completed a period of induction training, which incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff. During their induction period, staff had the opportunity to work alongside more experienced colleagues, read people's care plans and participate in initial training. Staff felt their induction had given them a useful, unpressured introduction to their new job roles. One staff member told us, "If I'd felt that I needed more shadowing, I could have asked for this." However, we found the provider did not maintain consistent records of the in-house induction staff had completed, which does not reflect good practice. We discussed this issue with the registered manager and training facilitator who were aware of this lapse in record keeping and assured us it would be addressed without delay.

The management team provided staff with ongoing support beyond their induction and formal training. Staff participated in regular one-to-one meetings with a member of the management team, which, they told us, were beneficial to them. On this subject, one staff member said, "I can talk about anything and whether I

have any concerns." Another staff member told us, "I'm consistently asked if I'm happy, and I'm encouraged to give them (management) feedback if I think things could be changed. I can also raise any issues affecting my colleagues or the service users." In addition, the management and senior staff team provided 24-hour on-call management support to respond to any urgent requests for guidance or advice staff may have.

People and their relatives told us staff helped people to eat and drink enough and to maintain a balanced diet. One relative explained that, before leaving their family member's home, staff always made sure they had a drink within their line of sight and reach to encourage them to drink between calls. Another relative described how staff guided their family member towards healthier food options to assist them in managing their diabetes. People and their relatives confirmed that staff prepared meals based upon people's choices and known preferences. One person told us, "I say what I want them (staff) to cook and how I like it cooked." We saw information about people's nutritional and dietary needs was recorded in their care files.

People and their relatives told us staff played a positive role in helping people to maintain good health. They explained that staff assisted people to successfully manage their long-term health conditions, such as asthma and diabetes. One relative described how staff had attended medical appointments with their family member, and liaised closely with the specialist nurse, to ensure they understood how to help them manage lymphedema. People and their relatives said staff were quick to respond to any deterioration in people's health. They told us staff helped people obtain professional medical treatment or advice, whenever needed. One person described how staff had requested an ambulance for them on two occasions when they had been particularly unwell. A relative told us staff had ensured their family member was taken to the local accident and emergency department following a recent fall. This person went on to say, "They (staff) have been very, very on the ball."

## Is the service caring?

### Our findings

People and their relatives spoke positively about the approach staff adopted towards their work. They told us both staff and management showed kindness and compassion, and demonstrated concern for people's wellbeing. They said staff took the time to get to know people, talked to them in an appropriate manner and listened to what they had to say. One person said, "They (staff) are a lovely team of girls. They are very thoughtful and pull together as a team." Another person explained they had been touched by the help the registered manager had given their partner to attend a family funeral, adding, "It was very kind; you don't forget things like that." Another relative said, "The managers have been very, very caring, particularly [team leader]. It's not just a job to them."

People told us they had been appropriately involved in decision-making about their care and support. They felt the provider had listened to their views during the initial assessment of their care and support needs, and any subsequent conversations they had had with them in this regard. One person told us, "Yes, I'm involved to the extent that when they are shadowing a new member of staff they involve me in conversation about how I like things done." The management team carried out regular courtesy calls and visits with people to encourage them to express their views about the service provided.

People and their relatives told us staff recognised people's need for privacy, and treated them with dignity and respect. One person praised the respectful manner in which staff entered their home each day. They explained, "When they (staff) arrive, they knock on the door to let me know. They wouldn't dream of barging in when I'm in the bathroom." Another person described the care with which staff protected their modesty whilst assisting them to wash themselves. They told us, "They (staff) are all very careful about making sure the bathroom door is shut. They keep it as far closed as they can when quickly going in and out."

People and their relatives felt staff understood the need to respect and promote people's independence. One person told us, "If (they) staff thought I could do it myself they would encourage me to." Another person said, "They (staff) try to support me to be as independent as I can be. They encourage me to do the bits I can do for myself." A relative spoke about the support staff gave their family member to prepare simple meals for themselves.

The staff we spoke with demonstrated a good insight into what it meant to treat people in a dignified and respectful manner. They talked about the importance of protecting people's personal information, encouraging them to do things for themselves and showing sensitivity for their feelings. One staff member told us, "You've got to give people respect, and close their curtains and doors (during personal care). People feed off you and your mood. You are sometimes their only contact with the outside world." Another staff member said, "I treat people like I want to be treated."

## Is the service responsive?

### Our findings

People and their relatives told us the care and support staff provided matched their individual needs. For example, one person described how they needed someone there to make their breakfast, stay nearby whilst they were in the shower and carry out specific household chores. They said staff gave them this support on daily basis, and took the time to sit down and have a chat. A relative described how their family member needed help to develop their independent living skills, now that they had moved into their own flat. This relative said staff were helping their family member to build these skills and settle into their new flat.

People and their relatives described how they had met with a member of the management team before their care started to assess and plan the specific support they needed and wanted. On this subject, a relative told us, "Everything that has been set up has been set up with me involved. They (provider) have listened to me." We saw that people's care plans reflected an individualised approach to assessment and care planning. Care plans included details of people's personal backgrounds, those important to them, their preferences and interests, as well as details of their individual care and support needs. The registered manager told us people's care plans were reviewed with them and, where appropriate, their relatives on a regular basis. We saw evidence of these reviews, involving people and their relatives, in the care files we looked at. Staff understood the purpose, and the need to work in accordance with, people's care plans. They told us they had the necessary time and opportunities to check and refresh their knowledge of these care plans when they needed to.

People and their relatives told us they knew how to raise concerns and complaints with the provider if they needed to. At our last inspection, some of the people and relatives we spoke with told us they were unhappy with the way in which the provider had previously responded to such issues. During this inspection, people and their relative said they had confidence the provider would take concerns and complaints seriously and act upon them appropriately. One relative described how the provider had addressed their concerns about the number of different staff carrying out their family member's calls. They added, "They (management) have usually jumped very quickly to deal with anything I've raised." Another relative told us, "I've had to raise a few things with them (provider), but [registered manager] has always sorted it out."

We saw the provider had developed a formal complaints procedure to ensure their complaints handling reflected good practice. We looked at the most recent complaint received by the service, which related to the conduct of a member of staff. We saw the complainant had received an apology from the provider, and that steps had been taken to resolve their concerns. The provider encouraged more general feedback on the service from people and their relatives through, amongst other things, distributing annual surveys and carrying out regular courtesy calls to confirm people were happy with the care and support there were receiving.

## Is the service well-led?

### Our findings

During our inspection, we became aware of two safeguarding issues involving people who used the service, which the provider had failed to tell us about. Statutory notifications of this nature ensure CQC is aware of important events affecting people, and play a key role in our ongoing monitoring of services. We discussed this issue with the registered manager, who acknowledged the oversight. They assured us that statutory notifications would be submitted on a consistent basis moving forward, and that they would provide the remainder of management team with additional guidance in this regard.

People and their relatives described an open and inclusive culture within the service. They expressed confidence in a management team who could speak with freely. One person told us, "They (management) are always there to have a chat with, no matter what it's about." This person went on to say, "I've got no qualms about going to them with anything. They've always dealt with things, and they are very thoughtful and mindful." A relative told us, "I think they (management) are very open and approachable. There is also better communication now between management and staff." Another relative said, "If I was worried about anything, I know I could pick up the phone." People's relatives also told us they appreciated the efforts the management team made to keep them informed of any significant changes in their family members' health or wellbeing identified by staff.

People and their relatives knew who the registered manager was, and spoke in positive terms about their interactions with them to date. One person told us, "[Registered manager] is very nice; they've helped us very much." Another person said, "They (registered manager) are such a caring person. You can tell this when you speak to them on the phone."

The staff we spoke with talked about their work with enthusiasm and felt their contribution and efforts were valued by the provider. They described effective teamwork between the management and staff team, and the sense of common purpose this created. One staff member told us, "I feel part of a family. We're a small team and we help one another." Another staff member said, "[Registered manager] and [care coordinator] want the best for their staff, and we all want the best for the service users." Staff told us the management team were approachable and made themselves available to staff whenever needed. One staff member explained, "We get on brilliantly. If I've got a problem, I can phone up or come into the office for a coffee." Another staff member told us, "[Registered manager] has got time for everyone. If you have any slight problem, it's just a knock on their door and they'll tell you to come in." A further staff member said, "I think they (management) are amazing. They have time to keep up their records, go out to see people and also make time for us. I know they are there for us." Staff told us the management team had ensured they were clear what was expected of them in their job roles. They understood the purpose of whistleblowing, and told us they felt able to challenge work practices or decisions taken by the management team if needed.

The registered manager described how they kept themselves up to date with best practice by, amongst other things, reading care publications and accessing care websites. They felt well supported by the provider and their senior management team who, they told us, made available the support and resources needed to improve and develop the service.

We looked at how the provider assessed, monitor and improved the quality of the service people received. We saw they had developed quality assurance procedures, which included the periodic distribution of feedback surveys, unannounced spot checks to ensure staff were working as expected and monthly audits of people's care notes, charts and medicine administration records. The registered informed us they planned to further develop their quality assurance activities, to include a more structured audit of people's care files and staff personnel files. The provider's quality assurance had, amongst other things, resulted in the recruitment of a new training facilitator and improvements in the standard of care planning and risk assessment. However, it had not enabled the provider to address the shortfalls in quality we identified during our inspection, including the failure to carry out consistent pre-employment checks.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not carried out consistent pre-employment checks to ensure staff were suitable and safe to work with the people who used the service.</p>