

New Hope Specialist Care Limited

New Hope Care Kidderminster

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 1 December 2014 and was announced.

New Hope Care provides personal care for people in their own home. There were 11 people using the service when we inspected and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. However, due to a planned period of absence the care co-ordinator was covering their role.

People were protected from the risk of potential abuse and told us they felt safe when the staff visited. People had their individual risks reviewed and had plans in place

Summary of findings

to manage them. There were enough staff employed to meet people's needs and changes to call times as requested by the person who used the service or their relatives. People had looked after their own medicines; however staff would remind them when they needed to take them.

Staff said they received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were supported to prepare their meals and attend healthcare appointments as required to meet people's needs.

People received care from staff that spent time chatting with and getting to know them. People felt the care they had received met their needs. They were also supported in maintaining their dignity and encourage to be involved in their care needs where able.

People's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan. Staff told us they were aware of each person's needs and how to give care and support to meet those needs.

The care co-ordinator was accessible and approachable. People, their family members and staff felt able to speak with the management team and provide feedback on the service. The management team had kept their knowledgeable current and they led by example. The provider ensured regular checks were completed to monitor the quality of the care that people received and look at where improvements may be needed.

Summary of findings

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 safe.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

Good



Is the service effective?

The service was effective.

People's needs and preferences were supported by trained staff that had up to date information about people's needs. Staff told us and we saw that the information in the care records were consistently followed.

The Mental Capacity Act (2005) code of practice was being met and people had been able to make their own decisions.

People told us that they enjoyed the meals that were made for them and it was what they wanted. Staff had contacted other health professionals when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People and relatives were happy that they received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences, whilst maintained their dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were in place that showed people's care and support needs. Staff also knew about people's interests, personal histories and preferences.

People who used the service and their relatives felt the staff and care co-ordinator were approachable and there were regular opportunities to feedback about the service.

Good



Is the service well-led?

The service was well-led.

Staff were supported by the care co-ordinator. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



New Hope Care Kidderminster

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

We spoke with six people who used the service and six relatives by telephone. We spoke with four care staff and the care co-ordinator.

We looked at three records about people's care, staff rosters, complaint files, meeting minutes and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when staff were in their home providing personal care. One person said, “They (staff) are always careful and make sure that I’m safe. I trust them”. Another person said, “They (staff) make sure I’m safe and well”. Relatives we spoke felt that staff kept their family member safe. One said, “They keep [person] safe and contented” and “Staff make sure that the home is clean and tidy and that the doors are secure”.

Staff told us they would report any concerns to the office staff and felt assured these would be dealt with. They told us about situations that may mean someone was at risk of abuse. For example, if a person had changed their behaviour or had unexplained bruising. One staff member said, “I make sure that when I leave the person is safe and comfortable”. Another told us, “If I was working with a colleague and I had issues or concerns about the way the care worker was behaving, I would use the whistle blowing policy and report to my superiors. I know they would respond straight away.”

People’s risks had been assessed when they started receiving care from the provider. These risks had been reviewed regularly and were recorded in the care plans. Staff told us they followed the guidance to make sure the person would be protected. The provider had also assessed the risks for staff working in people’s home. For example, how to leave person’s home safe and secure when the call had finished. One relative said, “They always clean up leaving everything nice and tidy which I feel is very professional”. People and staff were aware of how to carry out care and support to ensure individual and environmental risks had been considered.

People told us they knew which staff member to expect and that they arrived on time. One person said, “It makes me feel safe knowing that they (staff) will be here at certain times”.

The care co-ordinator told us they had enough staff to cover the number of calls people required. They also ensured that people received care from the appropriate number of staff with the right skills. For example, people who required two staff members to assist them or had a particular care need.

Staff told us they were contacted by the office staff if there was a change to the rota. For example, if a person no longer required a call or if they were needed to cover staff sickness or staff absences. They felt the workload was flexible and there was always enough staff to cover the calls to meet people’s needs.

People we spoke with looked after their own medicines, however staff provided reminders when providing care. One person said, “They prompt me to take my medication and stay with me until I have taken the tablets”. Relatives we spoke with told us they staff had reminded their family member to take their medicines if they had not been there. This was confirmed by relatives when we spoke to them. We saw that staff had received training in medicines. Staff had recorded where they had reminded or prompted a person to take their medicine. The care co-ordinator told us they supported people to order repeat prescriptions. During the inspection we heard the care co-ordinator contact a local GP and pharmacy to ensure that one person’s pain relief medicines would be delivered that day. Staff told us and records showed that creams required to maintain people’s skin conditions had been used. This meant that the provider supported people to receive their medicines as required.

Is the service effective?

Our findings

People told us they liked the staff and received the care they needed. One person said, “Staff know exactly what I need even so they talk to me and ask what I would like them to do and if that’s ok”. Another person said, “When I had new carers staff brought them along to introduce them to me and to talk about my care plan and what I need”. One family member that we spoke with said, “The carers are very good with my relative when they provide the care needed”. Another said, “They (staff) arrive on time, taking their time while doing their work”.

Staff told us they felt confident to deliver care that matched people’s needs and their training helped them to do this. They also told us they were supported in their role with regular meetings and supervisions. One member of staff said, “The training that the organisation provide is sufficient for me to complete my role as support worker. We are a team leader down so supervision hasn’t been as frequent but support is always available by phone or if I need to see someone”. Another said, “Team meeting are more like a group discussion. Everyone has their say and the clients are discussed so everyone is aware of changes”.

People had been able to consent to their care and treatment and were supported to develop their care plans. One person said, “They tell me what they want to do and if that’s ok with me”. One relative said, “She (care co-ordinator) also talks about the care plan and includes me in any decisions that need to be made”. Records showed the involvement of the person wishes and needs. One person said, “They (staff) ask if there anything else I needed doing, but it can only be what’s been agreed in my planned care”.

We spoke with staff who were clear that people had a choice when delivering personal care and support. One member of staff said, “I’m aware of the mental capacity policy. If I had concerns I would discuss with my manager to protect the service user health and well-being”. Another said, “It’s their house and their choice, I respect that”.

Another said, “I don’t force issues. It’s their choice about the care they want at the time”. The care co-ordinator said, “Current client’s all have capacity and there are no concerns for people and their choices”.

People who received support with their meals told us that staff were able to make meals they enjoyed. One person said, “They cook my breakfast, lunch and tea. They ask me what I would like to eat and it’s always hot and tasty”. Relatives said, “The carers provide meals and drinks for my relative and they are always available so my relative doesn’t get hungry or thirsty”.

Staff we spoke with were aware of people’s nutritional needs and personal likes and dislikes. One staff member said, “When preparing food I’m aware through the care plan in the service user’s home of dietary requirements”. Another said, “They have their own food and we ask them what they want”. People were happy that their meals and how they were prepared.

People told us they felt supported in looking after their health. One person said, “If I wasn’t very well the carers would arrange for my doctor or someone to come and see me.” Relatives told us that the agency responded well to any changes with family member’s health. For example, one person said, “My relative had had a short notice hospital appointment; they re-arranged the morning call time which was so very kind of them”. Staff confirmed they were able to support people with visits to other health professional if needed.

The care co-ordinator told us they offered support to people to contact and follow up health visits and results. For example during the inspections one person was referred to the GP for weight loss and refusing medicines. The care co-ordinator had also been notified and consulted the person and their relatives about contacting their GP. The care co-ordinator said, “I will do all I can to help them”. This meant that people were supported to maintain their health and were supported to access other health professionals.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, “They are lovely; they really are and I’m happy with them”. Another person said, “The carers arrive on time and treat me carefully when they give me my personal care”. One relative said, “What’s good is that we mainly have the same carers which provides continuity for [person], saves confusion”.

All staff spoke in a caring way about the people they supported. They were able to tell us about people’s preferences, current needs and their histories. One member of staff said, “I get to chat to people, share stories”.

People told us they had been able to make decisions and were listened to by staff. One person said, “When I get up in the morning and had my wash staff then help me choose the clothes that I would like to wear that day that’s how kind they are”. Another person told us, “I see the boss sometimes and she’s helpful and as they all are very nice and caring”. One relative said, “I often see the manager and discuss how things are, she also pops in when the carers are here to see how they work with my relative and make sure everything is done properly”.

Staff told us they involved people in their day to day care choices and promoted their independence. One staff member said, “I try and promote their independence and get them to do what they can for themselves”. Another staff member said, “When providing personal care it’s essential

that I treat the service user with dignity, respect and ensure as far as I can their independence”. We saw that care plans reminded staff to ask the person what care they would like even though there were detailed instructions. One staff member said, “To care for people, I read the care plan and if there are any immediate changes the managers inform us”.

People felt supported in maintaining their dignity and respect. One person said, “They (staff) always close the door and curtains when they wash me”. Another person said, “They always close the curtains and doors to protect my privacy and dignity”. The girls are excellent they are very polite and treat me with respect One relative said, “Staff are compassionate, caring and treat my relative with dignity and respect”.

All relatives we spoke with provided positive feedback about the care and treatment of their family member. One relative said, “All the staff treat [person] with dignity kindness, compassion and they are patient too” Another relative said, “Staff are brilliant. Very caring and treat my relative with respect and dignity all the time”.

Staff were able to tell us about how they made sure they maintained people’s dignity and respect. One staff member said, “When providing personal care it’s essential that I treat the service user with dignity and respect”. Another staff member said, “I always make sure they are covered if possible, make sure it’s a comfortable experience for them”.

Is the service responsive?

Our findings

People were told us about how they had been asked for their views or choices in planning their care and support. One person said, “The manager rang me one day and asked if I minded a male carer, I didn’t have to have one but he’s lovely so I didn’t mind”. Another person said, “The manager comes along and does my care for me every now and again makes sure that everything is okay”.

People were involved in their care plans. One person said, “The manager often pops around for a chat and sometimes provides the care herself. We discuss the care plan and if anything needs changing”. Another person said, “(care co-ordinator) also talks about the care plan and includes me in any decisions that need to be made. We have recently had a care plan review with the manager” One relative we spoke with said, “I often see the manager and discuss how things are. They also pop in when the carers are here to see how they work with my relative and make sure everything is done properly”.

All relatives we spoke with felt they had been involved in planning the care of their family member and felt staff supported their family members socially. One relative said, “The staff chat to our relative as they provide the care. [Person] thinks that’s so good; feels part of the family” Another relative said, They treat [person] very kindly sitting down and chatting and socialising”.

We saw two care plans which showed the care and support people had wanted. This included their aims and goals. For

example, to remain independent and stay in their own home. The care plans had been reviewed and updated often and all changes had been agreed by the person. One relative said, “We have a review of the care plan on a regular basis”.

People we spoke with told they had not had any cause to make a complaint. However, people were happy to approach the staff to raise issue or concerns. One person said, “If I needed to complain I would talk to the carers or the manager. They would put it right because they listen and respect what I say”.

Two relatives told us they had raised concerns. One relative said, “I have had on one occasion to raise a complaint with the manager and it was dealt with to my satisfaction”. Another relative said, “I did complain about a concern that I had but it was resolved very quickly”. Other relatives told us they would be happy to approach the staff to raise a complaint or concern. One relative said, I’ve never had reason to complain but would speak to the manager who listens to me and respects my point of view”. Another relative said, “I have never had to complain but I know the manager would listen to me and we could resolve it together”.

We saw that complaints had been recorded, investigated and a response sent to the complainant. The action taken had looked at how the same incident could be prevented from occurring in the future. For example, providing staff with further training or support.

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. All people who we spoke with knew the care co-ordinator and the staff and were confident in the way the service was managed. People's comments included, "I'm very happy with the service they provide". "Yes, I'm very happy with the care that New Hope provides", "We are very pleased with the service provided which we have had for many years and they are very good at their job. A real professional service".

People and relatives told us they had been asked for their views about their care and had completed questionnaires. One person said, "I have completed a form about the service and what I thought about it". One relative said, "I sometimes speak to the manager; fill in questionnaires so she is aware of what I think of the service that's provided". Another relative said, "I filled in a form about what I thought about the service my relative receives". Records showed that advice had been sought from other professionals to ensure they provided good quality care. For example, we saw that they had worked with advice and guidance from district nurses and GP's.

When staff were together in the office they were relaxed and friendly towards each other. When conversations were held about people who used the service, the person's name was used and conversation was appropriate. For example, the conversations were respectful and about people's health and well-being. When the care coordinator spoke to people on the telephone they were kind and helpful, and provided assurance to people where required.

The care co-ordinator also provided a contact telephone number that people could use to access help or assistance at any time. These calls had been recorded and showed that this had worked well for people when used. For example, a person had not been able to access their property and this had been resolved. The care co-ordinator said, "We are here to help. Their (people) health can suffer from the smallest thing so it's important they (people) can contact us".

The registered manager was on a period of extended leave. The provider had ensured that people and staff knew that the care co-ordinator would support them during this period. All staff we spoke with told us that the care co-ordinator was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "I feel [care co-ordinator] promotes the service well, often asking views of staff". Another staff member said, "Thumb of the pulse. (name) is the best". The care co-ordinator told us that they had good support from the staffing team.

The care co-ordinator had checked and reviewed the service provided. People received a "courtesy call" every six weeks. These calls reviewed the care provided and asked if people had any feedback. The care co-ordinator had also reviewed the care notes the staff had completed when providing personal care to ensure the care provider matched the care plans. For example, they had checked that two staff had attended when needed and all tasks had been completed. They told us if required they would contact the local authority for review of the care package. We saw that one person now had two care staff on each call due to a change in their needs following feedback from the care co-ordinator.

The care co-ordinator undertook unannounced spot checks to review the quality of the service provided. Staff were then observed to see the standard of care provided. Staff told us the care co-ordinator frequently came to observe them at a person's home to ensure they provided care in line with people's needs and satisfaction. The care co-ordinator told us they felt supported by the provider and were aware of their responsibilities. They told us they wanted to ensure people received care that met their needs from staff who were trained and supported. They also provided information to the provider so their actions could be looked at and reviewed.