New Hope Specialist Care Limited

New Hope Care Lockhurst Lane

Inspection report

Room S4 Enterprise House, Foleshill Enterprise Park,
Courtaulds Way, Coventry CV6 5NX
Tel: 02476662221
Website: www.newhopecare.co.uk

Date of inspection visit: 19 February 2015
Date of publication: 30/03/2015

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 19 February 2015. The provider was given two days' notice of our inspection. This was to arrange for staff and people to be available to talk with us about the service.

New Hope Care is a domiciliary agency which provides personal support to people in their own homes. The agency provides support to people in the Solihull and Coventry areas of the West Midlands.

The registered manager identified in this report is no longer the manager of the service. 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 2008 and associated Regulations about how the service is run. The registered manager had left the service in November 2014 and the provider was acting as the manager until a new manager was recruited.

Summary of findings

At our last inspection in April 2014 we identified concerns in record keeping at the agency. At this inspection we found record keeping had improved, although there were some records which needed updating.

People and their relatives told us they mostly felt safe using the service and staff treated them well. However, they felt less safe when their regular care staff were absent because they were not sure if the substitute staff member would cover the call on time and sometimes the call was not covered at all.

Care workers had left the agency and the provider found it challenging to recruit and retain staff to meet people's needs. They were recruiting new staff and looking at improving the retention rates of staff at the service.

Care workers understood how to protect people they supported from abuse. People and their relatives thought staff were kind and responsive to people's needs.

Care workers received training considered essential to provide health and social care safely and to meet the needs of people they cared for. Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

People told us they knew how to make a complaint if they needed to. However some people had not been satisfied with the responses to their concerns.

Since our last visit, the agency had been through a period of management instability. Two registered managers and other key staff had left the organisation. The provider who owned other New Hope domiciliary care agencies had recently re-located to this agency to provide additional management support and improve the service provided to people.

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 not consistently safe.

Sometimes care staff did not attend calls at the time they had agreed, and sometimes only one of the two staff required for 'double-up' calls attended. People felt safe with the staff who cared for them, and staff understood how to protect people from abuse.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Care workers received training considered essential to meet the physical, mental health and social care needs of people they supported. The training had not always been readily available to staff when they first started working for the agency. Care workers ensured changes to people's health care needs were acted on, and food and drink were provided as detailed in people's care plans.

Requires Improvement

Is the service caring?
People and their relatives told us that care workers were kind and caring. They were involved in decisions about the support they received and their independence was respected and promoted. Care workers were aware of people's preferences and respected their privacy and dignity.

Good

Is the service responsive?
The service was not consistently responsive.

People were frustrated when they were not contacted if staff were running late. Mostly, people had regular care workers who provided continuity of care. However, when they were absent on leave, some people had experienced calls not being covered or care workers coming to them much later than the agreed time. Not everyone thought complaints had been dealt with well.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

The agency had been through a challenging period with two registered managers and other key office staff leaving within a six month period. The provider was aware of the concerns and had moved into the office to bring management consistency and support to the staff group. We found they were beginning to make improvements to the service.

Requires Improvement

New Hope Care Lockhurst Lane

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.

The inspection took place on 19 February 2015 and was announced.

The provider was given 48 hours' notice because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the agency, and ensured they would be in the office to speak with us.

The provider sent us a list of people who used the service. We sent questionnaires to 29 people who used the service and lived in the Coventry area, and received 13 responses back. We did not send questionnaires to people who lived in Solihull as the provider had only recently started to provide a service in that area. We spoke by phone to ten people or their relatives from Coventry and Solihull. We also spoke with six care staff.

We reviewed information received about the service, for example, from notifications the provider sent to inform us of events which affected the service. We also contacted the local authority commissioning units to find out their views of the service provided. Their views were consistent with what we found at the inspection.

We visited the agency's office and spoke with the provider who was the only person in the office that day. We looked at the records of three people who used the service and looked at a sample of three staff records. We also reviewed records which demonstrated the provider monitored the quality of service (quality assurance audits).

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the staff. One person said, "I feel safe with them, I've no qualms with them coming in." Another said, "I feel safe, they are always polite." Eighty five percent of people who responded to our questionnaire, strongly agreed they felt safe.

Whilst people told us they felt safe with the staff that supported them, they did not always feel safe when staff did not turn up for their call, or if one staff member did not come to support the other staff member on a 'double – up' call (a call which requires two members of staff because of the complexity of need, for example, moving people). One person told us, "They are good when they turn up, they turn up eventually, it is the worry it could get worse." Two people told us their relatives should have a double up call, but this did not always happen. When only one care worker attended the call they were left to do the work themselves with the family's support. The family and the workers were concerned about the potential safety risk for both the relative and the care worker.

Care workers told us they alerted the office staff if there were changes to people's health or social care needs. One care worker told us of an incident which had recently occurred. They had gone to a person's house to support them with their care and had needed to call the paramedics because the person was ill. They stayed with the person until it was safe for them to leave. They were concerned that one of the office staff had told them to leave the person and go to the next call. We informed the provider who said they would investigate this further as it went against their policy.

The provider took safeguarding seriously. Two members of staff had been dismissed because of concerns about their conduct. The provider showed us safeguarding scenarios they discussed with prospective staff as part of the interview process. Care workers we spoke with understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the manager.

Prior to visiting the agency we contacted the commissioning services for Coventry and Solihull local authorities. Both commissioners had concerns about the staffing levels and the continuity of care provided to people. This was echoed by people who used the service. They told us, "It started off brilliantly, we had the same carers, and then the ones we had, left, and it seemed to fall to pieces. He gets the staff then within a few days they are gone." One person we phoned told us they no longer used the service because they were informed the agency did not have the staff to cover their calls and were unable to provide a service to them. A staff member told us, "A lot of people start, realise the work isn't what they expect and leave, the staff turnover is unbelievable."

The provider fully acknowledged the problems the service had with staffing, particularly in the Coventry area. They told us they had stopped taking new referrals until they could be assured they had sufficient staff to meet people's needs.

The provider had interviewed new staff and showed us a file containing applications from people waiting to start work once their disclosure and barring checks had been returned. We looked at three files of staff who worked for the agency and spoke with staff about their recruitment. This confirmed staff did not start working with people until their safety checks had been completed and information analysed.

The provider informed us that staff supported people to take their medicines. We spoke with one relative who told us they were happy with the care worker's management of medicines. They told us the care worker was, "Very thorough." We looked at two care records to see how medicines were managed. One record demonstrated the care worker proactively ensured a person received their medicines. The person was prescribed a medicine to control their pain but it had not been delivered. The care worker contacted the person's GP on their behalf to ensure the medicines were delivered to the person to relieve their pain.

We saw staff were expected to record the medicines administered on a medicine administration record (MAR) sheet. One care record showed gaps in the administration of medicines so we could not be sure if the person had received their medicines as required. We also noted the medicine record had been quality checked by one of the office staff and signed off as acceptable. The provider informed us this member of office staff had since left the company and said they would be having oversight of

Requires Improvement

Is the service safe?

medicine management in the future. A member of staff told us one of the office staff checked they had been administering medicines properly as part of their supervision.

Requires Improvement

Is the service effective?

Our findings

Most people and their relatives told us care workers had the skills and knowledge to meet their needs. One person told us, "The staff are properly trained, they know what they're doing." We spoke with the relative of a person who needed support for their mental health. The relative told us, "They've managed to get people [staff] with mental health experience and knowledge." They went on to tell us the primary worker for their relation understood how to support the person's behaviour and was always thinking of different ways of dealing with potentially difficult situations.

We had mixed responses from care workers about the training and support they received to undertake their work. One care worker who started at the agency approximately seven months ago, told us they had received an extensive induction which included nine days of shadowing other staff, getting to know their responsibilities, learning how to treat people and ensuring people made their own decisions. Another one who started more recently told us, "I was quite shocked really, I had not been given any training before I started...I was disappointed at the beginning, just left on my own, thrown at the deep end, I found it daunting and would have preferred to watch someone at the beginning." They went on to say, "I think it is better,[staff] are getting more help now." This was confirmed by another member of staff who told us that new colleagues were now shadowing staff as part of their induction.

The provider told us there had been a problem with the provision of training, but this had been resolved and all staff had either received their basic training or refresher training, or it was booked for them to attend. The training matrix confirmed this. The training included moving people safely (for example with the use of a hoist), infection control and medicine management. The care workers we spoke with felt the training adequately equipped them to provide effective care to people.

Care workers had been trained in the Mental Capacity Act 2005 during their induction and those we spoke with had a basic understanding about this. The provider had a good knowledge of the Mental Capacity Act, and knew to ensure where people did not have full capacity, that assessments reflected the areas where they could and could not make informed decisions. People told us care workers sought their consent before completing any care or support tasks.

We found people received the food and drink as identified on their care plan. None of the care workers were responsible for cooking for people. They were responsible for providing breakfasts, drinks and microwave meals which had been provided by an external meal company or by the family of the person. We spoke with one person who was supported with their eating and drinking. They told us the staff knew what they liked to eat and drink, and where to find it in the kitchen. We spoke with one care worker who was responsible for supporting a person to eat. They told us they were able to do this well, but sometimes struggled with the limited amount of time the person was funded to be able to provide support with eating, as well as support with personal care.

Staff supported people with their health care needs. For example, we saw care notes which showed a care worker had found an area of one person's skin had become red and sore looking. The care worker informed the relative, and this led to the doctor and district nurse becoming involved in the person's care. We saw the care worker asked to check the sore area each time they were on duty. They respected the person's wishes when they declined, but persevered in asking each time so they could monitor whether the sore area was improving or getting worse.

Good

Is the service caring?

Our findings

People told us care workers were caring and compassionate. One person said, “The staff, we get on great with them, they’re like family.” Another person said, “All carers have been exceptionally good, they’re a nice cut of people they have working for them.” A relative told us, “All carers treat [person] really well.” We found that out of the 13 people who responded to our survey, 92% strongly agreed their care and support workers were caring and kind.

We spoke with care workers and found they understood the importance of being caring and compassionate with people. One care worker told us what kept them working for the agency was the relationship they had developed with the people they supported. Another told us the most enjoyable aspect of their work was when they felt they had made a difference to someone’s life.

People we spoke with and their relatives confirmed they were involved in making decisions about their care. We saw they had been involved in developing their care plans. Seventy seven percent of people who took part in our survey strongly agreed they were involved with the decision making about their care and support needs.

All the people and relatives we spoke with said care workers treated them with dignity and respect. A care worker informed us of a person who preferred being called a different name to the one they were born with, and this was respected. One male service user told us a male worker provided them with personal care as this was their choice. They said, “They always treat me with respect and dignity.” A female service user told us, “The staff are very good, they’re polite, they respect my privacy and dignity. When people have to wash and change my pads they always have a lady to do it.” However one relative whose relation required two care workers, told us at times the male care worker had to undertake personal care on their own because their female co-worker did not turn up.

Care plans were personalised and included details of how care workers could encourage people to maintain their independence. People also told us, and 85% of our survey respondents strongly agreed that care workers provided care and support that where possible, promoted their independence

Requires Improvement

Is the service responsive?

Our findings

The problems with staff recruitment and retention had impacted on the service's ability to be responsive to people. Most people we spoke with had recent experience of staff not arriving on time. They told us they were frustrated about not being contacted about late visits. One person said, "They don't contact me to let me know they are late, on two occasions they were here at 11am for breakfast." Two people told us they had contacted the office to complain about not being told if their care worker was going to be late or was being replaced. One said, "They phone now to say they're going to be late, I complained and now they phone. In the last fortnight they've been late a couple of times although on the whole they are pretty good." Another person told us that because of staff changes sometimes, "The staff come in and don't know what to do." They went on to explain that they had to tell staff how to support them when the staff arrived.

Where possible care workers worked with the same people so care workers had a consistent service and could get to know the people they were working with. People expressed satisfaction with the responsiveness of their regular care workers. One person said, "There isn't an issue with the regular carers." However people were not satisfied with the contingency arrangements when care staff were on leave or when they phoned in sick. This was particularly challenging for people who required two people to provide care. One person told us, "Most of the time it is the people I know. I can call and find out who is coming." People told us they contacted the office to ask about changes rather than the provider contacting them. The provider informed us they were going to start sending out the staff rota to people's homes so people would know in advance who to expect to provide their support needs.

A relative told us there should be two people assisting their relation but more often than not only one care worker arrived to support their relative with care. Another relative told us their relation was becoming frail. On one day the previous week their care worker had not turned up until 8.10pm for the 4.00pm call.

People and care workers expressed concerns about the time given to care workers to travel between calls. One person told us a care worker had five minutes of travel time to cross the city to get to their next call. The provider acknowledged that sometimes staff did not have enough time to get to the next call; however their agreement with the local authority was they could be up to 30 minutes late or early to a call. They also said they were working to improve staff responsiveness by clustering staff call-outs to postcodes so care workers were not spending large amounts of time travelling across the city. Whilst there were concerns about care workers not attending calls, the survey results showed that when calls were attended 92% of respondents strongly agreed that staff stayed the agreed length of time

People told us and records showed that people's needs were assessed and that care was planned to meet their needs. Regular care workers knew the needs of people they cared for, and this reflected what we saw in people's daily care records.

We looked at three care plans and saw they provided information about people's care requirements. The provider had improved care planning since our last visit in that the care plans were becoming more personalised, however there were still gaps in some of the records. For example, an updated support plan failed to include information about the person's washing and showering requirements.

People and relatives we spoke with knew they could telephone the agency's office if they wanted to complain, raise a concern or make a written complaint, although our survey results suggested that only 46% of people knew how to make a complaint about the agency. Some people told us they had informally complained. There were mixed responses about whether complaints were managed well. Our survey results showed that only 54% of people strongly agreed that complaints or concerns raised were responded to their satisfaction. The provider told us they would be writing to each person who used the service to ask them to write or phone them about any concerns they had.

Requires Improvement

Is the service well-led?

Our findings

The agency had been through a period of management change. In June 2014 the registered manager left the service and a new manager was recruited and registered with the CQC. They left the service in November 2014. As well as the registered managers leaving the service, a high number of office staff as well as care workers had left the agency in a relatively short period of time.

The staff we spoke with told us they did not always feel well supported. Staff told us at times they felt there had been no one they could turn to. This was because team leaders or other office staff were often out undertaking care calls to ensure people received their care instead of being available in the office to discuss any concerns or issues. One member of staff told us, "If [office staff] wasn't so busy, but they're running around like a headless chicken". During the week of our inspection, the care co-ordinator had gone on annual leave. Some staff told us they did not know who to contact for management advice while the care co-ordinator was away.

Staff told us there were team meetings they were encouraged to attend. However, one member of staff told us they were expected to attend the meetings in their own time without pay, and another care worker told us that whilst they had an opportunity to speak in staff meetings, "No one really speaks. If we say what we feel it goes unheard."

We saw there had been unannounced checks on staff (spot checks) carried out to ensure staff were meeting people's needs. Any identified issues had been addressed with staff. Some care workers told us unannounced checks at people's homes had been carried out to ensure they provided good care to people. One care worker told us a spot check had identified they did not wear a uniform. This was because of an agreement with the family who preferred them not to wear one. As a consequence this information was added to the care plan.

The provider had become aware that people who used the service and the staff supporting them, required consistency of management and had decided to work at the office to oversee the management of the agency and bring continuity and stability back to the service. The provider had started to do this the week we undertook the inspection. The provider had first-hand experience of delivering care and was a 'train the trainer', this meant they could train staff so staff could train others. They told us they were going to apply to be the registered manager for the service and take their time to recruit the right person to the post to replace them. They told us they would expect any new manager to undertake training so they could provide training at the right time for new staff, and training updates to 'refresh' staff's knowledge.

Prior to visiting the service, we had been in contact with the provider and were aware they had been undertaking interviews to recruit new staff. We were also aware they had been speaking with one of the local authority contract commissioning teams to look at how they could improve the service for people who lived in the Coventry area. The local authority agreed to change the contractual arrangement with the provider and provide extra funding, which the provider told us would help with the retention of staff.

The provider told us they undertook an annual service user questionnaire. The last one was April 2014, and questionnaires were beginning to be sent out to people for this year's survey. Some people who used the service told us they had recently received a questionnaire asking them about their experience of the service provided. The provider also told us they expected office staff to undertake customer satisfaction calls on a six weekly basis. They said they would ensure this was re-introduced. One person told us the provider had attended their care call. They told us, "He's [the provider] been to see me three times this week. I've the greatest respect for him because he really tries."

We also saw the provider had systems in place for monitoring the quality and safety of the agency. These included monthly checks of a sample of files, including medication records and daily care records. These responsibilities were carried out by the senior team. Some records had been signed off as satisfactory when there were errors or omissions in the record. The provider informed us they would improve the checks made on records.