

New Hope Specialist Care Ltd

# New Hope Care Gloucester

## Inspection report

Office 130  
North Warehouse, Gloucester Docks  
Gloucester  
GL1 2EP

Tel: 01452835617  
Website: [www.newhopecare.co.uk](http://www.newhopecare.co.uk)

Date of inspection visit:  
22 February 2022  
10 March 2022

Date of publication:  
14 April 2022

## 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?

Inadequate 

# Summary of findings

## Overall summary

### About the service

New Hope Care Gloucester is a domiciliary care service providing personal care people in their own home. At the time of the inspection, nine people were receiving support from 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

The service had not been managed consistently by a registered person since being registered with CQC in March 2021. This limited oversight by the management team had resulted in widespread shortfalls in their governance systems and regulatory requirements.

Effective quality assurance systems had not been put into place to monitor the delivery of care, staff development and recruitment. The registered managers could not demonstrate their compliance with the regulations as accurate and complete records had not been maintained.

People were at risk of receiving unsafe care. This was because staff had not always been suitably trained or assessed as being competent to safely support people. Staff did not have access to detailed care records which were underpinned by best practice principles.

There was limited evidence that staff had been safely recruited. Pre-employment checks and induction had not been completed and criminal checks for some staff had not been completed before they started to deliver care to people. Staff had not always received adequate support from a registered person.

People and their relatives praised the care they received. However, information about people's care was not personalised and did not demonstrate that they had consented to their care. Detailed records of how staff should support people with their medicines and the actions they should take to help reduce further risks such as falls or skin breakdown were not in place.

People and their relatives reported they felt safe when being supported by staff, however they stated that their care calls start times were inconsistent on some days.

The registered managers had not ensured that people's capacity to make decisions about their care was documented in their care plans or assessed as needed. This put people at risk of not being supported to have maximum choice and control of their lives. However, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Records had not been kept to demonstrate that the provider and registered managers monitored any

complaints, safeguarding incidents or accidents relating to people who used the service. Systems had not been fully implemented to regularly engaged with people who used the service and staff.

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

This service was registered with us on 2 March 2021 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

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

We have identified breaches in relation to staff development and safe recruitment as well as the safe care and treatment of people and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# 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.

#### Inspection team

This inspection was carried by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The aim of this dual registration was for one registered manager to be responsible for the day to day running of the service and to be supported by the other registered manager. One registered manager was available to support the inspection.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered managers would be in the office to support the inspection.

Inspection activity started on 22 February 2022 and ended on 10 March 2022. We visited the location's office/service on 22 February 2022 and 10 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke by telephone with one person and four relatives of people who use the service. We spoke with four members of staff including one of the registered managers, acting care coordinator and two care staff.

On the first day of our inspection, we reviewed a range of records. This included the care records of four people and their medication records. We looked at four staff files in relation to recruitment and staff development and support.

All the information we required to assess the provider's compliance of their legal requirements was not available on the first day of inspection. In order to make a fair decision based on all of the relevant information, we met and wrote to the provider and requested specific documents and information to be made available to us by 11th March 2022.

The provider agreed to have the information available for us to review on 10th March 2022. This included a variety of records relating to staff recruitment and training and quality assurance records. All this information was considered as part of this inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People were at risk of not receiving appropriate care as staff had not received relevant training to carry out their role and did not have access to detailed information on the best practices to support people.
- People's risks associated with their health and mental well-being had been identified and assessed as part of their initial assessment. However, the description of the control measures of how staff should support people to help mitigate their risks was basic and did not always provide staff with the information they needed to support people safely. This meant people may be at risk of not receiving care from staff which was in line with best practice. For example, one person's care plan stated that they required support to transfer using a type of hoist, however staff were not provided with detailed information of how to use the hoist and to move the person in a safe way.
- Information on the role and responsibilities of staff when supporting people with skin integrity risks during the delivery of personal care was not clear. This put people at risk of possible skin breakdown as staff did not have the clear guidance on how to mitigate risks relating to people's skin integrity.
- People who required support with their medicines from staff were at risk of not receiving their medicines as prescribed as staff did not always have the information, they needed to safely support people with their medicines.
- There was not always a complete description of people's prescription and application of people's medicinal creams and guidance such as body maps.
- The registered managers could not be assured that people had received their medicines as the records of the administration of people's medicines were not always complete.
- Information about who was responsible for the ordering, collection and delivery was not clearly documented. This may lead to confusion and risk of medicines not being ordered and delivered in time for staff to administer.

We found no evidence that people had been harmed. However, effective control measures had not been put into place to manage people's risks and medicines placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, people and relatives reported to us that people received their medicines and creams as required.
- The registered manager who supported the inspection, responded immediately during and after the inspection and planned to review each person's risks and medicines.

- Although some staff had completed lone working training, individual lone working risk assessments and management plans had not been put in to place to alert staff to any potential hazards when supporting people in their own homes. However, the level of risk to staff was reduced as the current working model of the service was to support people with two staff members.
- Staff told us they reported any accidents or incidents to people's families and the acting care coordinator who made any necessary arrangements to address the concerns.

#### Staffing and recruitment

- Safe recruitment practices had not been used to employ staff. Not all staff had a file to evidence that they had been suitably recruited in line with the providers policy and legislation.
- We reviewed the recruitment practices on both days of our inspection and found that the provider could not demonstrate how they had ensured staff were fit and proper people to deliver the regulated activity of personal care.
- Recruitment checks such as criminal and previous employment checks had not been carried out for all staff. Records showed that some staff had started to deliver care before their criminal backgrounds had been verified. Information about staff's health and the reasons why they had left their previous employment had not been always explored.

We found no evidence that people had been harmed. However, safe recruitment practices had not been implemented or 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.

- We reviewed a sample of dates on the provider's electronic care management system which was used to roster people's care calls and the staff required to support them. We found that people did not always receive their calls on time as sufficient travel time had not always been allocated between care calls.
- People and their relative told us their care calls were variable and often arrived within an acceptable timeframe. They said staff often informed them that they were running exceptionally late.
- The registered manager who supported the inspection stated they were planning to review all staff recruitment files and meet with people to confirm their preferred care call times and to make adjustments to the staff rotas as required.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager and acting care coordinator stated they were not aware of any safeguarding concerns or accidents since their registration. They could not verify this as there was no governance systems to demonstrate the provider was monitoring any safeguarding incidents or accidents relating to people who used the service.
- Not all staff had received training in safeguarding. A safeguarding policy was in place; however, the contact details of external local safeguarding agencies had not been added to the policy. This meant staff may not be aware of the information they needed to recognise signs of abuse or report any concerns outside of the service.
- People were not routinely given the details by the provider of how and where to raise any safeguarding concerns. This information would help people to be empowered to report any concerns and to safeguard themselves.
- People and their relatives told us they felt confident in the staff who supported them.

#### Preventing and controlling infection

- People and their relatives confirmed that staff wore personal protection equipment (PPE) when they supported people with personal care.

- Staff told us they were aware of good infection control practices and had access to an adequate supply of PPE.
- We were told that staff completed regular COVID-19 testing and shared the results of the tests with the acting care coordinator. However, the provider could not demonstrate that the testing had been completed in line with government guidance and the results of tests. This meant people could not always be assured that staff who supported them were free from the virus.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People could not be assured that they were being supported by staff who had been trained to carry out their role.
- The registered managers had not ensured staff had been given a comprehensive induction programme of training and had shadowed experienced staff before they delivered care to people as part of the staff team. One staff member explained they had used their training and experience from a previous social care role to enable them to appropriately support people. They said, "I was thrown in at the deep end, but I know what I am doing."
- Records showed that not all staff had completed sufficient training or had been assessed as being competent to carry out their roles.
- Staff had not been given the opportunity to undertake practical training such as basic life support or manual handling.
- Staff said they could contact the acting care coordinator for support but had not routinely received regular supervision or staff meetings to discuss their professional development and practices.

We found no evidence that people had been harmed. However, the provider had not ensured that 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.

- However, on the second day of the inspection, we saw that the registered manager who supported the inspection had enrolled staff on a new eLearning training system to carry out mandatory training.
- The registered manager stated they had plans to meet all staff and set up a monthly programme of supervisions and support. They intended to encourage staff to undertake additional health and social care qualifications and to complete the Care Certificate (nationally recognised set of care standards) and source practical training as needed.

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

- The provider could not be assured that people received care in line with best practices and legislation as people's initial assessments and care plans were not always comprehensive.
- People's care plans described their backgrounds and goals, however information on how to support people using evidence-based guidance was not always clear.

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

- Where required, some people needed support with the preparation of their meals.
- We were told that people's cultural and religious food preferences and dietary requirements were met.
- However, details of people's preferred food likes and dislikes would assist staff when they prepared food and drinks for people who may be unable to describe their choices and preferences.

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

- Staff worked collaboratively with people and their relatives to ensure people received effective care and support.
- The acting care coordinator said they referred people to health and social care services as required, however this was not documented. This meant that the reasons and outcomes of the referrals were not known. People's care plans were not routinely updated as a result of professional recommendations which put people at risk of not receiving appropriate care.

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.

- There was limited evidence that people had consented to the care and support being provided by New Hope Care Gloucester.
- A record of people's preferred choices was not available to guide staff on how to support people who lacked mental capacity in their best interest in line with the spirit of the MCA legislation.
- However, people told us staff were consistently considerate and always asked them about their views and how they wished to be supported.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were looked after well by staff. A relative told us, "She (person who uses the service) loves them. They are brilliant. Couldn't be any nicer."
- Staff spoke about people in a kind and caring way. They spoke passionately about caring for people and told us they loved their job. One staff member said, "I love taking care of people."
- People received support, wherever possible, from the same staff so that the care they received was consistent.
- People's wishes in relation to how their social, cultural and spiritual needs were met but not always recorded.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to express their views and be involved in making decisions about the support they received.
- The registered manager told us they were planning to visit each person to review their needs and gain feedback from people about their experiences of the service.

Respecting and promoting people's privacy, dignity and independence

- People's care plans described their personal goals. They were supported to be as independent as they could be.
- Staff respected people's privacy and dignity which was confirmed by relatives. One relative said, "They [staff] are very professional and always respectful."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People received personalised care. People reported that staff were attentive and responsive to their needs.
- Staff understood how people wished to have their care and support provided. This was confirmed by relatives.
- However, people's care records did not fully reflect their preferences and choices and how staff should support them in a personalised way such as preferred personal hygiene routines. This information would help to direct staff to deliver consistent care which was tailored to people's needs.
- Staff recorded the care and support they provided to people after each care call, however the quality of staff records was not always consistently clear and detailed.
- We have addressed the quality and accuracy people's care records in the 'Is this service well-led?' domain in this report.

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.

- People's communication needs had been identified and recorded so that staff had access to relevant information about how to communicate people.

Improving care quality in response to complaints or concerns

- We were told that people's concerns and complaints had been managed; however, they had not always been documented in line with the provider's complaints policy. The acting care coordinator provided an example of how they dealt with one person's concerns about their visit times, but this had not been recorded.
- People were not routinely given a service user's guide (information about the service and how to raise concerns) at the start of the service. People and their relatives were not always fully aware of how to raise concerns with a manager but told us their care staff responded well to any issues raised with them.

End of life care and support

- People's end of life care wishes had not been routinely asked during their initial assessment.
- The registered manager told us they would discuss people's views on their end of life care as part of their

pending care review. This information would help to guide staff if people were unable to express their views and ensure people's wishes and choices were respected at the appropriate time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The working arrangements of the management team found during the inspection did not promote a service that had a shared and known vision for the service.
- We found that there had been limited management oversight of New Hope Care Gloucester. The provider's registration of having two registered managers in post had not been effective. The service had not been reliably managed by a registered person who had the skills and experience to manage and comply with the legislation related to the regulated activity of personal care.
- The nominated individual had not fulfilled their role and responsibility of supervising the management of the carrying on of the regulated activity and ensuring there was a registered manager to overview the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had failed to ensure effective systems and processes were in place and being used to monitor the service and to ensure the regulatory requirements were being met. This meant that the provider or registered managers were not aware of the quality of care being provided and whether action was needed to improve the service or whether any incidents were notifiable to CQC.
- Robust systems to manage and monitor the safe recruitment and induction of new staff were not being used.
- Staff had not benefitted from consistent support from a registered person.
- Staff were clear about their role of supporting people with their personal care needs but had not always received the training and support they required to ensure their skills were of best practice. The assessments of staff competences such as in the safe management of people's medicines had not been completed in line with guidance.
- The registered managers had not ensured that the provider's policies reflected the local arrangements and protocols and were accessible to staff.
- Complete and accurate care and medicine records had not always been maintained or checked by the registered managers. The outcome from health care professional's assessments were not routinely recorded to guide staff on the recommended ways to support people.
- There was limited evidence that people had consented to the care being provided by New Hope Care Gloucester. The registered managers had not assured people's consent to care had been sought in line with

the Mental Capacity Act (MCA) if people lacked capacity or had a lasting power of attorney to act on their behalf.

- The care call rostering system had not been routinely reviewed by the registered managers to identify any trends or patterns in the regularity of people's care calls and action taken as required.
- People's feedback about the service they received, their concerns and any incidents were not always recorded and reviewed by the registered managers. This meant the provider would not be assured that people's concerns or risks of abuse or harm had been effectively managed and reported to the appropriate agencies and action taken where needed.
- People and staff were at risk of not receiving support and advice in a timely manner as the management support and out of hours working arrangement had not always been consistent.

We found no evidence that people had been harmed. However, the provider had not ensured that robust and effective systems were in place to monitor the quality of care being provided and to ensure the regulatory requirements were being met. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We met with the provider to understand their immediate plans for the management of the service and requested some further information relating to our concerns found at the inspection. This information was considered as part of this inspection.
- People and relatives spoke favourably of the staff who supported them and the care they received.
- The information provided by the provider and feedback from people provided the commission with some assurances that there was no imminent risk to people and therefore reduced the seriousness of our initial concerns.

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

- Staff meetings were not routinely held to enable staff to reflect on their practices, share information or receive peer and management support.
- People were not regularly contacted by the service to gain their feedback about their experiences of the service.
- There was a compliments log which demonstrated some positive testimonials about the service that people had received.

Continuous learning and improving care

- There was limited evidence that the registered managers had evaluated the quality of care being delivered to people or had implemented any learnings from their assessment of their current performance.
- Reviews of accident and incidents were not always reviewed or recorded to demonstrate whether action was needed to be taken to prevent further incidents.

Working in partnership with others

- The acting care coordinator described how they had worked with key stakeholders and people and their families however the outcomes of these conversations and assessments were not clearly recorded. This put people at risk of not receiving care that was appropriate to their needs.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Effective control measures had not been put into place to manage people's risks and medicines placing them at risk of harm
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment practices had not been implemented or maintained.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured that staff were suitably qualified and competent to deliver personal care.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>the provider had not ensured that robust and effective systems were in place to monitor the quality of care being provided and to ensure the regulatory requirements were being met.</p> <p>Accurate and complete records had not been maintained.</p>

### The enforcement action we took:

We issued a warning notice to the provider informing them they must be compliant with the regulation by 30 April 2022