

Precious Hope Health & Home Care Ltd

# Precious Hope and Home Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was a focused inspection which we carried out announced on 16 February 2018.

We undertook an announced inspection of Precious Hope and Home Care Ltd on 16 February 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 20 and 21 July 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: 'Is the service Safe?' and 'Is the service Well led?'. This is because the service was not meeting some legal requirements in these areas.

At our previous inspection of this service on the 20 and 21 July 2017 we found that recruitment checks were not sufficient to ensure people were protected from the employment of unsuitable staff, risk assessments to promote people's safety were not detailed enough, and calls were not delivered at assessed and agreed times. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We also found that the service had not ensured that people's health and welfare needs were protected and promoted as good governance systems were not comprehensively in place. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

Following this inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Is the service safe?' and 'Is the service well-led' to at least 'Good'. At this inspection we found the provider had followed their action plan and ensured that people were receiving safe care and that good governance systems were in place and effective.

Precious Hope and Home Care Ltd is a domiciliary care service. It provides personal care to adults living in their own homes. At the time of our inspection there were 100 people using the service of which 94 were receiving personal care.

Not everyone using Precious Hope and Home Care Ltd receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. This 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.

Since we last inspected the provider had improved their recruitment and selection policy to ensure that the staff employed were suitable for the work they were employed to do. They had also improved their quality assurance systems which meant they had an overview of the service and could take action where necessary

if improvements were needed.

People told us the staff made them feel safe and they were satisfied with the reliability and timeliness of their calls. All staff were trained in safeguarding and knew what to do if they were concerned about the well-being of any of the people using the service. The service had safeguarding policies and procedures in place and staff followed these.

People had risk assessments in place so staff had the information they needed to keep people safe. Staff told us the risk assessments they worked to provided them with the information they needed to support people safely.

Staff were trained in the safe management of medicines and the registered manager checked they were competent before allowing them to support people with their medicines. Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness. Staff knew how to raise concerns in relation to health and safety and there were systems in place for them to report these. The providers took action to bring about improvements when necessary.

The service had an open culture and focused on valuing people and encouraging them to be independent and fulfilled. Staff gave us examples of how they had supported people to be more independent and get out and about into the local community.

The service was well-led and people and relatives said they were satisfied with the quality of the care provided. Managers and staff listened to people and made changes to the service in line with their wishes. Staff were well-supported by the provider and managers and had opportunities to give their views on how the service could be improved.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to protect people from the risk of harm. Staff were suitable for their roles and knew how to meet people's needs safely.

People were supported to take their medicines safely, good infection control measures were in place, and staff were committed to reviewing and learning from accidents and incidents.

### Is the service well-led?

Good ●

The service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. Comprehensive audits were completed regularly at the service to review the quality and safety of care provided.

# Precious Hope and Home Care Ltd

## **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 16 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that staff would be available to meet with us.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of domiciliary care services.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications they had sent to us. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We contacted 19 people and relatives by phone to ask them for their views of the service. Two people and four relatives agreed to speak with us. We also spoke with the providers, (one of whom is also the registered manager), the quality manager, a team leader, two care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records and four staff members' recruitment files.

# Is the service safe?

## Our findings

At our previous inspection on the 20 and 21 July 2017 recruitment checks were not sufficient to ensure people were protected from the employment of unsuitable staff, calls were not delivered at assessed and agreed times, and risk assessments to promote people's safety were not detailed enough. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they intended to address these shortfalls. At this inspection we found that the provider had followed their action plan and the breaches in regulation had been met.

People told us they felt safe with the staff employed. One person said, "I have trust in them all because they always ask for my consent and are polite and helpful." Another person told us, "The staff are respectful and they treat me and my home with respect. I do feel safe with them." A relative said, "[My family member] trusts the staff and feels safe with them."

Since we last inspected the service, the managers had improved their recruitment and selection policy. The new policy gave clear guidance on how to recruit staff safely. Records showed staff files were audited by the registered manager or the compliance manager before new staff were allowed to start work at the service. This helped to ensure the recruitment and selection policy had been followed. All staff files were audited as part of the service's quality assurance system. These measures helped to ensure that the staff employed were suitable for the work they were employed to do.

Staff recruitment files contained the required documentation including proof of identity, a satisfactory DBS (criminal records check), a full employment history, and a health declaration. The managers had also obtained references to confirm evidence of applicants' good conduct in previous employment concerned with the provision of health or social care.

We talked with staff about how they were recruited to the service. All said this was done safely with the appropriate documentation being in place before they began supporting people. One staff member said, "No-one starts work for this company without a DBS check and references."

We looked at the reliability and timeliness of calls as this had also been an issue at our last inspection. Most people and relatives told us staff turned up as planned and on time. Comments included: "They have never missed a call. They do always turn up"; "I have a daily call and they are really very good [with timekeeping]"; and, "They are generally pretty consistent with their times." This was evidence of people receiving care when they needed it.

One person told us staff hadn't turned up to one of their calls a few weeks ago. They said, "It only really affected me because I didn't get a wash that day." We reported this to the registered manager who said she would look into this concern and take action as necessary.

The registered manager said the service used an electronic monitoring system that recorded when staff logged in and out of their calls. If a call was over 15 minutes late, office staff received an alert so they could find out what had happened and, if necessary, arrange for cover to be provided. This system helped to ensure people received their care as planned.

Some people said staff didn't always have English as a first language which could cause communication difficulties. We discussed this with the registered manager who said all staff working for the service were assessed as having an acceptable level of basic spoken and written English before they began working for the service. She said that if any staff were in process of improving their English they always worked on 'double up' calls. This was so there would be at least one member of staff providing care able to communicate effectively with the person they were supporting.

Some people said they would like to always have regular staff so they had the opportunity to get to know them. The registered manager said every effort was made to supply regular staff, but it was not always possible due to occasional staff holidays and sickness. She said that when non-regular staff were sent to people they were always fully trained, competent, and suitable.

We looked at how staff protected the people they supported from harm. All staff were trained in safeguarding and knew what to do if they were concerned about the well-being of any of the people using the service. The service had safeguarding policies and procedures in place and staff followed these.

The care staff we spoke with knew what to do if they thought a person was being abused. One staff member said, "The company are very hot on safeguarding. They checked my knowledge at interview and then gave me some online training. If I have any concerns about anyone I immediately report it to the manager and they tell social services." Another staff member told us, "I've been trained in safeguarding and we discuss this at staff meetings and supervisions. All the staff know what to do and the managers always tell social services and CQC if there's been an incident."

Safeguarding issues were addressed to ensure people were safe. For example, records showed that a recent safeguarding involving a person not having their medicines on time had been referred to the relevant authorities and action taken to reduce the risk of this happening again.

People had risk assessments in place so staff had the information they needed to keep people safe. These were personalised and explained the basis of each risk and what staff needed to do to support people safely and reduce risk to their health or well-being. For example, risk assessments for 'moving and handling' stated how many staff were needed to support a person to move and the methods and equipment to be used.

Staff told us the risk assessments they worked to provided them with the information they needed to support people safely. One staff member said, "The risk assessments we work to are good. They cover the key issues and are re-written if there are any changes. There is a good flow of information and we are kept updated so we always know if a person is at risk and what we need to do about it." Another staff member told us, "Risk assessments are kept in people's homes and I have time to read them before I start providing care. If a person needs two staff for moving and handling then there always are two staff. This company doesn't take risks with people's safety."

We looked at people's individual risk assessments and saw these were fit for purpose. For example, one person was at risk of pressure sores. In order to reduce this risk, staff were told to take a number of steps each day to protect the person from skin damage. These including visual checks, regular turning, continence care, air mattress monitoring, and encouraging food and fluids. Staff kept a daily record of these actions

which showed they were taking the necessary steps to protect the person from harm.

At the time of our inspection staff prompted people with their medicines but did not administer them as none of the people using the service needed this type of support. Staff were trained in the safe management of medicines and the registered manager checked they were competent before allowing them to support people with their medicines. One staff member told us, "The medicines training is good. I have just done my Level 3. We are just prompting medicines at the moment but if we need to administer them the training is there to support us."

Staff advocated for people where necessary to ensure they had the support they needed with their medicines. One staff member told us, "Sometimes, when we first go to people, their medicines are in a mess. We help them get them sorted out with their GP and the pharmacist so they know what they're having and when. That makes it safer and easier for people." Records showed that staff followed the provider's medicines administration policy and signed records to show that people had taken their medicines as prescribed.

Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness. They confirmed they followed the service's policies and procedures on this. The registered manager told us PPE was kept in people's homes so there was a ready supply and staff also kept spare PPE in their cars. The registered manager said there had been an issue the previous week when a staff member had run out of PPE but this was a 'one off' and had been quickly resolved. A staff member told us, "We always have enough gloves, aprons and shoe covers. Clients have them in their home and the staff keep extra in their cars so we don't usually run out."

Staff knew how to raise concerns in relation to health and safety and there were systems in place for them to report these. Learning from incidents, accidents and errors was communicated to the staff team through meetings, messages and supervisions. This helped to ensure lessons were learnt when things went wrong.

The providers took action to bring about improvements when necessary. For example, following an incident when a person had apparently refused care, the registered manager reviewed the service's communication systems, identified weaknesses, and made improvements. The learning from this was shared with staff and will help to ensure that a similar incident doesn't occur again.



# Is the service well-led?

## Our findings

At our previous inspection of this service on the 20 and 21 July 2017 we found the service had not ensured that people's health and welfare needs were protected and promoted. This was because good governance systems were not comprehensively in place and those that were had failed to identify shortfalls in the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. Following this inspection the provider sent us an action plan stating how they intended to address these shortfalls. At this inspection we found that the provider had followed their action plan and the breach in regulation had been met.

The provider had introduced an improved quality assurance system. This comprised of a series of audits that managers and staff carried out to help ensure the service was running effectively. Records showed the audits were completed as planned and covered all aspects of the service including planning and preparation, delivery, monitoring, and learning. The registered manager signed off all the audits which gave her the opportunity to check they were fit for purpose. This meant she had an overview of the service and could take action where necessary if improvements were needed.

Records showed the service had also been assessed as meeting ISO approved standards in health and safety, quality, and human resources. These standards aid providers and managers in providing safe, reliable and good quality services. In addition, managers at the service had completed the NHS 'Information Governance Toolkit' which enables them to self-assess the service annually as a way of identifying and carrying out improvements.

People told us the service was well-led and said they were satisfied with the quality of the care provided. One person told us, "It seems a well-run company. I wouldn't recommend any improvements as I have been very happy with my care." Another person said, "The office staff are very helpful when I call."

Relatives also said they were satisfied with the service. They told us managers and staff listened to them if changes were needed. One relative said, "I can ring them and talk to someone and they will always listen and deal with things. I am very happy [with the service]." Another relative told us, "I have phoned them and they are approachable enough. They get onto things very quickly." A further relative said that when their family member was unhappy with a particular care worker they told the managers who immediately replaced them with a different care worker. This was an example of the staff listening to people and making changes in line with their wishes

People and relatives said the managers and staff were approachable and they could take concerns to them if they wanted to. One person told us, "I would feel comfortable to raise any concerns or ask questions if I needed to." Another person said they'd been given the providers' contact numbers and could contact them if they needed to. A relative said, "The manager is [name] and she is a very nice lady, you can talk to her. She is on the same wavelength."

Staff told us they liked the culture of the service because it focused on valuing people and encouraging them

to be independent and fulfilled. One staff member said, "We're very big on social inclusion here. We don't want people becoming lonely and isolated in their own homes. Our clients' quality of life is just as important as the care we give them." Staff gave us examples of how they supported people to go out into their local communities to visit the hairdressers, attend coffee mornings, and have pub lunches. Another staff member told us, "Every day is a happy day and I go in with a smile in my face. This is a great agency to work for because we get the opportunity to build relationships with the people we look after and learn about their lives."

Staff also said that the providers and managers had a caring approach to all. One staff member told us, "I've never worked for such a fantastic company. They look after the clients and the staff." Another staff member said, "I would recommend this company 100%. The support for staff is fantastic and the clients are valued." A further staff member told us, "I would recommend this agency to my own family and friends because we are consistent, the staff do actually care, and we are there to support people to be as independent as possible."

People and relatives were invited to complete an annual survey to give their views on the service. The results of the last survey, compiled in December 2017, showed that the majority of the 19 respondents rated the service as 'Excellent' or 'Good'. Positive comments included: 'Outstanding care from staff', 'I can recommend your company without reservation', and 'All of the staff are nice.' Respondents mentioned 16 different staff, 15 of them care workers, by name and commended them for their caring attitude and the quality of the support they provided.

In the comments section of the survey some people and relatives made suggestions for improvements to the service. These included more regular care workers, improved punctuality, and better staff communication skills. To address these managers held care workers and office staff meetings to discuss these issues and look at how to improve on them. They also reviewed staff members' individual performances, where necessary, provided extra training for staff who needed it, and audited travelling times with a view to ensuring staff had enough time to get to each of their calls. This showed that people's and relatives' views were taken seriously and actions carried out to address their concerns.

Staff told us they felt well-supported by their managers and had opportunities to comment on the service. One staff member said, "[The providers] are so warm and welcoming. They want us [staff] to come into the office and if we have any concerns they want us to raise them." Another staff member told us, "I feel comfortable approaching any of the managers or directors. We [staff] have regular meetings, supervisions and appraisals where we get the support we need and the chance to say what we think about the agency and if anything needs improving."

Since we last inspected a number of improvements had been made to the service. Senior managers now meet every two months to share good practice and learning from mistakes. Emergency assessments and care plans have been introduced to ensure staff have the information they need to provide care and support if a person begins using the service at short notice. Call monitoring has improved so staff are able to take action if a care worker is late or unavailable for a call. Policies and documentation have been updated and improved. Staff are being trained in reablement care so they will be able to meet the needs of people requiring this service. These improvements were evidence of the service learning, improving and innovating to help ensure sustainability and the ongoing provision of good quality care.

The providers, managers and staff worked in partnership with other agencies to help ensure people received consistent care. They communicated with health and social care staff to improve the quality of people's all round care. They also worked with commissioners to ensure they met their contractual obligations and

produced action plans where necessary to address any shortcomings with the service.

The providers understood their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.