

Lehope Care Limited

Lehope Care Limited

Inspection report

Kao Hockham Building
Edinburgh Way
Harlow
CM20 2NQ

Tel: 07412687840

Date of inspection visit:
28 March 2023
03 April 2023
06 April 2023

Date of publication:
28 April 2023

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lehope Care Limited is a domiciliary care agency providing personal care to people in their own houses and flats. The service provides support to older people, some of whom may have dementia, and people with a learning disability or autistic people. At the time of our inspection there were 3 people using 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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation to ensure these are always documented. Staff supported people to take part in activities and pursue their interests in their local area. Staff communicated with people in ways that met their needs. People were supported by trained staff to take their medicines.

Right Care:

We found room for improvement with safeguarding reporting and recruitment. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People who had individual ways of communicating, using body language, sounds, pictures, and symbols could interact comfortably with staff. People's care plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right Culture:

People and those important to them, were involved in planning their care. Staff received an induction and training to enable them to meet people's needs. Spot checks and competencies were completed, and staff felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 23 November 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

Recommendations

We have made recommendations relating to recruitment and best interest decision records.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lehope Care Limited

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

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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 manager would be in the office to support the inspection.

Inspection activity started on 24 March 2023 and ended on 6 April 2023. We visited the location's office on 28 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the professionals

who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, 2 members of staff, 1 person who used the service and 1 relative. We reviewed 3 people's care records. We reviewed training records and documents relating to the management of the service including policies and audits.

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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager's recruitment process included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The records for these checks were not robust; the registered manager told us DBS checks had been completed prior to staff starting work, but they could not always provide evidence of this. We found a DBS check dated 3 months after a member of staff had started work. The registered manager said they identified the check was missing from the file when we announced our inspection and so ran the check again.

We recommend the registered manager ensures records are kept in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- The service did not have a rota; this was because there were so few service users, and the staff arrangements were the same every week. An electronic rota was being implemented.
- The registered manager provided care and on call support for staff and service users.

Assessing risk, safety monitoring and management

- The registered manager completed detailed care plans and risk assessments to provide staff with guidance to support people safely. This included risks in sensory and mobility issues as well as detailing allergies.
- People's care plans and risk assessments would be reviewed every 6 months or as required. No one had been with the service long enough for a full review yet, but we saw a person's risk assessment had been updated following a fall.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding. One member of staff told us, "It is protecting vulnerable adults from harm, abuse, and neglect."
- People we spoke with told us they felt safe with staff providing care.

Using medicines safely

- Staff received training in medicines management. The registered manager planned to complete medicine competency assessments every 3 months. We saw evidence of this in staff files.
- People received their medicines safely and as prescribed. We reviewed a medicines administration record (MAR) and found it had been completed correctly. The registered manager audited these monthly.

Preventing and controlling infection

- Staff received training in infection, prevention, and control.
- People told us staff used personal protective equipment.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had systems for incident reporting. At the time of our inspection there had been 1 incident. This had been investigated, action taken to protect the person and lessons learned shared with staff via telephone and discussed at a team meeting.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their care and support commencing with the service. Care plans showed people and/or their representatives had been involved and included their wishes and preferences, ways of communicating, likes and dislikes.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of the assessment.

Staff support: induction, training, skills and experience

- Staff induction included completion of mandatory training and shadowing experienced staff. They had not received training in learning disability, or any other conditions service users may have, such as diabetes. Following the inspection, the registered manager sent us confirmation learning disability awareness training was booked.
- The registered manager understood the importance of introducing new staff to service users with ongoing shadow visits to help them build a rapport. One member of staff told us, "[Registered manager] showed me how to do things, how to manage, how to clean and how to take care of the client."

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

- People's care plans described their food preferences and whether support was required to prepare and/or eat and drink. This included being patient for a person who ate independently but slowly and the need to prompt drinks.

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

- The service worked with other health and social care professionals as required. For example, guidance had been sought from dietician services.
- Staff had practical information to support people with their healthcare needs. Care plans included details of health conditions people had.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training in MCA.
- People's files included mental capacity assessments and details of how best interest decisions were made. For example, the least restrictive option for someone who did not have capacity to manage their money was used. However, we found 1 person's medicines were in a locked cupboard out of their reach and no assessment for this decision had been completed. We discussed this with the registered manager who explained they continued with storage arranged by the previous care provider as the person tended to try to take their medicines at the wrong times.

We recommend the registered manager ensures they have documentation for all decisions which are made in people's best interests.

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

- Most people were happy with the care provided. One relative said, "I went out with [them] at the beginning and [staff were] so kind with [person]." Another relative had fed back to the service, "So pleased to hear that the arrangements are working out so well."
- People's protected characteristics under the Equality Act 2010 such as their age, gender, religion, and ethnicity were recorded to ensure the service met their individual lifestyle choices effectively.

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

- People and their families were involved in planning their care. This included guidance for staff on how to support people to make decisions. For example, the use of pictures and gestures and giving only 2 options to choose from.
- Care and support was provided how people wanted it. One relative said, "I am happy at the moment I haven't got any issues."

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information for staff to ensure they promoted people's privacy and dignity. For example, reminding people to use the toilet regularly to help avoid continence issues.
- The registered manager described how they promoted independence. This included involving people who received support with household tasks and those who were supported in the community. They said, "When we go shopping, I always encourage [person] to pay with the money. They will do it and take the change. We've only [supported person] a couple of months but can see their confidence improving."

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 good. This meant people's needs were met through good organisation and delivery.

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

- People received a personalised care plan based on their assessed needs. These were detailed and included information on their physical, mental health and sensory needs as well as information about their interests, families and what was important to them.
- People and their families were involved in care planning; there had not been any reviews yet.
- Staff had information they needed to support people in line with their preferences. This included guidance on what may cause people to become distressed or anxious. For example, 1 person's care plan stated they did not like unfamiliar environments and ways to make them feel better were described as, 'Being in a familiar environment such as home and doing activities I enjoy. Staff can support me by suggesting an activity or asking if I want to go home.'

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 assessed so staff would know how to support them. This included details of any sensory issues and use of communication aids such as pictures. For example, 1 relative told us, "I've given [staff] communication cards to use, you show [person] the cards."
- People's care plans contained detailed information to guide staff on the best way to communicate with them. This included practical guidance such as using short sentences and allowing time for the person to understand before moving on as well as recognising signs the person may be distressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans identified if they were at risk of social isolation.
- One person was supported with activities. Their care plan included detailed information on their interests, what they like to do and how to support them.

Improving care quality in response to complaints or concerns

- At the time of the inspection, no formal complaints had been received, but there was a procedure to follow. One relative told us, "They have given me the forms that contain how to raise a complaint."
- The registered manager continued to provide direct care. This meant they were in regular contact with

people and able to resolve some concerns informally.

End of life care and support

- At the time of the inspection there was no one who required end of life care. There was an end of life care plan template which would be used to provide staff with detailed information should a person require it in future.
- Staff received palliative and end of life care training.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 service had a safeguarding policy which included contact details for the local authority. This information was not readily available on the day of inspection, and we found an incident had occurred which we would have expected to be shared with the local authority and reported to CQC. However, the registered manager was able to describe action they took to protect the person.
- Staff we spoke with did not describe all the conditions and risks to the people they supported. We were not assured they had read or understood all the information in care plans and risk assessments. One person we spoke with told us, "With [staff] I seem to be having to talk them through everything, but [staff] has definitely improved." Following this feedback, the registered manager went through the care plans again with staff.
- The registered manager did not complete audits of care plans; this meant some gaps in people's files had not been identified. For example, we found people's care plans lacked detail relating to food related risks. One care plan did not include guidance for staff for a person who needed a low sugar diet. We found no impact of this; at the time of our inspection the registered manager was the only person providing care to this person. The registered manager audit medicines monthly and planned to start care plan and daily log audits following implementation of the electronic system.
- The service did not have call monitoring processes. At the time of our inspection, the registered manager provided care to 2 of the 3 service users and the third received live-in care. This meant there was little risk of a visit being missed. An electronic system was being implemented for staff to login which would allow for call monitoring as the service grew.
- The registered manager completed staff competency assessments and spot checks. These were planned for every 3 months, or more frequently if there were concerns. There was no system to monitor when these were due; this was manageable at the time of our inspection as the staff team was small.
- The registered manager had not submitted any notifications at the time of our inspection but was able to give examples of those they would, when required.

Continuous learning and improving care

- The registered manager did not have a contingency plan for the service if they were unable to work. They had a relatively inexperienced staff team with no support if the registered manager was unavailable suddenly. There was little support for cover arrangements in the event of sickness, but there was also little overlap with visit times and recruitment was ongoing. The registered manager had plans to recruit

additional support and following our inspection an administrative assistant had started.

- The registered manager was implementing an electronic system. This would include alerts raised if medicines were not administered or staff had not arrived at their visits.

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

- Staff we spoke with felt well supported by the registered manager and no one had any concerns. One member of staff said, "[Registered manager] has been helping me, [they are] such a nice person. Yes, I am enjoying it. Looking forward to working with [them] and learning more."
- The registered manager was responsive to our feedback. Staff had approached them following conversations with us during the inspection which meant they had been able to address some of the concerns we had, including their knowledge of risks to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager spoke to people and their families frequently. Feedback had not been sought formally, but the new system had an option for families to have access and give feedback; the registered manager planned to implement this.
- Staff attended team meetings. We reviewed the most recent minutes and found staff were updated on the new electronic system, introduced to new staff who had not started yet and given feedback on service users. Staff had the opportunity to raise issues and were encouraged to suggest agenda items for next time.
- The registered manager worked well with other agencies. One professional told us, "[Registered manager] was able to discuss this person's individual needs and reported they would liaise with family and carer regarding our conversation. [They] appeared well-informed and vigilant to change in person's condition and had contacted doctor regarding any concerns."