

Hope Care Agency Ltd

# Hope Care Agency

## Inspection report

Office 1 Canalside House  
383 Ladbroke Grove  
London  
W10 5AA

Tel: 02089601901  
Website: [www.hopcareagency.co.uk](http://www.hopcareagency.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hope Care Agency is a domiciliary care service which provides personal care to people living in their own homes. 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. At the time of the inspection there were 21 people receiving care and support for personal care.

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

We found issues with the management of safety. Risks to people's health and wellbeing were not always assessed, and care plans lacked essential detail on how risks should be mitigated. People's medicines were not always managed safely in line with current best practice guidelines. Care plans contained inaccurate information about the level of support people needed to take their medicines. The provider did not always follow safe recruitment processes.

The provider's quality assurance systems were not sufficiently robust and had not identified the issues we found with risk management, medicines and recruitment. Care records and medicine records were not always checked by a senior member of staff to identify issues. The systems in place to ensure people received their care visits as planned were not robust and the risk of failed visits had not been adequately assessed and/or mitigated.

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

The last rating for this service was good (report published 13 September 2017).

### Why we inspected

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

This focused report covers the key questions Safe and Well-Led. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

### Enforcement

We have identified breaches in relation to safe care and treatment, the recruitment of staff and good governance. We have sent a Regulation 17(3) letter to the provider in relation to their failure to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided. A Regulation 17(3) Letter stipulates the improvements needed to meet breaches of regulation, seeks an action plan explaining what the provider will do to make improvements.

### Follow up

We will meet with the provider to discuss how they will implement their action plan and make the required changes to ensure they improve their rating to at least good. We will work alongside the provider and the 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hope Care Agency

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

#### Service and service type

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

#### 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 we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 21 November 2022 with calls to people receiving care and their family members. We visited the office on 28 November 2022. We continued to gather information and feedback up until 6 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service including complaints and notifications we received from the service. We asked for feedback from the local authorities who commission the care and

support people receive. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the office manager. We made calls to 4 people receiving care and 7 family members to get their feedback on the service. All staff were sent a questionnaire and we received completed responses from 5 members of staff. We also made calls to 2 members of staff to gather their feedback about the service. We reviewed a range of records including care and support plans for 5 people and the recruitment records for 6 members of staff. We also looked at training data and quality assurance records for the service.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. The rating for this key question has changed to 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

- The provider routinely assessed and reviewed the risks to people's safety and wellbeing. However, the risks associated with people's health conditions were not always adequately assessed and care plans lacked sufficient detail to ensure staff understood how to care for people safely.
- One person required staff to support them to manage their catheter, however the care plan and risk assessment did not contain any information to ensure staff understood how to carry out this task safely.
- The risks related to skin breakdown had not been considered for people with multiple risk factors. Moving and handling assessments did not contain sufficient detail about how to move people safely and there was no record of the maintenance of moving and handling equipment to ensure it was safe to use.
- The provider had carried out assessments of people's homes to identify risks including the risk of fire. However, they had not considered the potential risk of the use of special equipment such as air pressure mattresses or flammable emollient creams.

The failure to have an effective system in place to identify and mitigate risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did not find evidence that people had come to any harm and people told us they felt safe with the care they received. We received comments such as, "These carers I trust. We have had the same two ladies the whole time. I trust them" and "I really can't sing the praises of the carer enough. They have developed a really good friendship. [Family member] feels very safe, cared for and trusts the carer."

### Using medicines safely

- Medicines were not managed safely in line with current best practice guidance. Care plans lacked sufficient detail to ensure staff understood the support people required to take their medicines. Two people's care plans stated they required staff to prompt them to take their medicines. The current National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines does not include 'prompting' as a category of medicine support.
- Staff received training in the administration of medicines, however, their competency had not been assessed in line with best practice guidance.

The failure to manage people's medicines safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The provider did not follow safe recruitment processes as they had not obtained a full employment history when recruiting new staff. One person's recruitment file also did not contain evidence of satisfactory conduct in a previous health and social care role.

The failure to follow safe recruitment practices was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other parts of the recruitment process were completed thoroughly. The provider conducted Disclosure and Barring Service (DBS) checks before new staff started working. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- The provider was not managing infection control in line with current guidance. The infection control policy had not been updated with information and guidelines related to COVID-19. The provider had also not assessed the risk to people receiving care or staff.

The failure to assess the risks related to infection control was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of individual risk assessments people and/or their relatives told us staff followed safe hygiene procedures and wore the relevant personal protective equipment such as gloves and masks.
- Staff told us the registered manager often spoke with them about their IPC responsibilities and they had enough PPE to carry out their role. Staff had received infection prevention and control (IPC) training to give them an understanding of how to protect people from the risk of infection including infections such as COVID-19.

#### Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding were in place and staff received training in this area. Staff showed a good understanding of whistleblowing and safeguarding procedures, they knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied, they were being taken seriously.
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and CQC.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents. The registered manager reviewed all incidents and ensured all necessary steps were taken to maintain safety after incidents occurred.
- Previous safety incidents were discussed during team meetings to share knowledge and understanding within the team.



# 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.

At the last inspection this key question was rated as good. The rating for this key question has remained changed to 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; Continuous learning and improving care

- The provider did not have effective systems in place to monitor the safety and quality of the service as they had not identified the issues we found with care plans, risk assessments, consent to care, medicine records and recruitment files.
- The systems in place to monitor staff performance were not effective. Care logs were not always checked to ensure they were completed to a good standard. The provider also told us that spot checks and staff supervision were completed every 6 months. However, some staff had not received a spot check or supervision in over 12 months. The provider told us that staff were attending monthly meetings at the office however, not all staff attended every meeting so we could not be assured this was an adequate substitute for regular spot checks and one-to-one supervision.
- The provider had not devised a business contingency plan to mitigate the risks relating to the COVID-19 pandemic.
- The provider was not able to demonstrate continuous learning and improving care. The systems in place to ensure people received their care visits as planned was not robust and the risk of failed visits had not been adequately assessed and/or mitigated. The provider told us they were about to start using an electronic care monitoring (ECM) system that would be able to monitor staff attendance times and alert the provider if a member of staff failed to attend. They were also introducing an electronic care planning system which would enable care staff to access care plans and record care visits via an app. As neither of these improvements had taken place at the time of the inspection we could not be assured of their effectiveness.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls in the providers systems which exposed people to the risk of harm from missed or late visits people told us they received their care visits on time. We received comments such as, "They do arrive on time, but will keep me posted if they are running late" and "You can set your watch on them, yes. My [family member] is a stickler for time and they are very good."

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

- The service regularly sought feedback from people receiving care and staff. The recent client satisfaction survey showed people were generally very satisfied with the care they received. Comments from the survey were in line with the positive feedback we received. One person told us, "I have consistency of carers which makes them a really amazing agency. New carers do shadow beforehand."

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 registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong.

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

- People receiving care and their relatives and/or representatives were satisfied with the care they received from regular staff who knew their needs well. We received comments such as, "[Family member] is blind in one eye and has partial hearing loss. They know where to stand so [family member] can see them and hear them, they are outstanding. They have learned how to communicate with her" and "They have a laugh together. A bit of banter, they are smiling, happy, it works well."
- People spoke positively about the management of the service and felt the provider was responsive to concerns raised. Comments included, "We are in regular communication with [the office manager] who actions things immediately, he listens, he understands."
- Staff were positive about the culture of the service. We received comments such as, "The office staff are very supportive. We are all like a family" and "We all work together as a team. You learn so much in this job but you have to love what you do and give people the care that you would want for yourself or your family member."

Working in partnership with others

- Although the service was small we saw examples of working in partnership with other multi-disciplinary professionals such as social workers and district nurses.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively.</p> <p>The provider had failed to ensure people received a consistently safe and good service.</p> <p>Regulation 17 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate safe recruitment procedures as they had not gathered sufficient information about candidates before they were employed.</p> <p>Regulation 19 (2) (3)</p>

