

New Hope Specialist Care Ltd

# New Hope Care Stockport

## Inspection report

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## 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?

Good ●

# Summary of findings

## Overall summary

About the service:

New Hope Specialist Care Ltd is a domiciliary care provider which offers a service older people, those with a disability and people who need assistance due to illness to continue living in their own home, in residential care and in the community. At the time of the inspection there were 49 people using the service.

People's experience of using this service:

There were systems and processes in place to safeguard people from harm and the risk of abuse.

Individual risk assessments were held within the care files, were reviewed regularly and were up to date. General risk assessments around the environment and staff safety were also in place and up to date.

Staff files evidenced robust recruitment procedures. Staffing levels were sufficient to meet people's needs.

There was an up to date medicines policy in place and systems for storage, administration, disposal, recording and errors were effective.

Staff had undertaken infection control training and robust systems were in place.

Monthly trackers helped address any patterns or trends around safeguarding concerns, accidents and incidents.

A thorough initial assessment was completed on admission.

Induction and training helped ensure staff knowledge and skills were appropriate for their roles.

Nutritional and hydration needs were documented, and food and fluid charts completed when required.

The service worked within the legal requirements of The Mental Capacity Act 2005 (MCA).

There was an up to date policy on equality and diversity and staff were aware of this.

There was clear evidence within care files that people were involved in decisions about their care and support, where they were able.

Reviews included the views of people who used the service and their relatives, where appropriate.

Care files included information around people's interests to ensure these were person-centred.

Concerns and complaints were responded to in a timely manner.

Staff felt well supported in their roles, had sufficient training and supervisions were undertaken regularly.

The service ensured they kept up to date with new national standards.

Managers understood the need lead by example and were happy to fill in with care visits to cover absences when needed.

The managers regularly communicated with people who used the service by telephone or via visits to their homes.

A number of audits and checks took place to help ensure continued quality of service delivery.

Rating at last inspection:

This was the first inspection for this service.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We did not identify any concerns at this inspection. Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# New Hope Care Stockport

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC) 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. On this occasion the expert had experience with older people and people living with dementia.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia, people with learning disabilities, people with mental health issues, people with a sensory impairment and younger adults.

The service had a manager 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was to ensure someone would be available at the office to facilitate the inspection.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 14 people who used the service and three relatives about their experiences of the care provided.

We spoke with the registered manager, the senior manager and three members of support staff.

We reviewed four care files, five staff personnel files, training records, health and safety records, meeting minutes, audits and other records about the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe with the service. Comments included; "I get different people coming but I do feel safe with them and I can let them in on my own"; "Yes there is nothing not to feel safe about they are very good with me"; "I definitely feel safe with them in the house without a shadow of a doubt".
- ☐ There were systems and processes in place to safeguard people from harm and the risk of abuse.
- ☐ Staff had safeguarding adults training on induction in line with the Care Certificate, a set of standards care staff are expected to follow.
- ☐ Follow up refresher training was provided regularly.
- ☐ Staff were aware of the safeguarding and whistle blowing policies and confident to report any concerns.

Assessing risk, safety monitoring and management

- ☐ There were individual risk assessments within the care files with regard to issues such as medicines, falls, mobility and nutrition. These were reviewed regularly and were up to date.
- ☐ Staff were made aware by text message of any changes to risk assessments to ensure they were kept up to date with people's current needs.
- ☐ General risk assessments around the environment and staff safety were also in place and up to date.

Staffing and recruitment

- ☐ Staff files evidenced robust recruitment procedures. Any gaps in employment history were explored and a minimum of two references were obtained.
- ☐ There were Disclosure and Barring Service (DBS) checks in place for each employee. A DBS check helps employers ensure people are suitable to work with vulnerable people.
- ☐ The service was recruiting constantly and ensuring they had a good mix of part time and full-time staff and cover for sickness and absence.
- ☐ There were a number of references within the conversations with people who used the service to late visits. Comments included; "Not always on time. Can be a bit early or late it depends what's happened at previous jobs. I've rang the office and spoke to [administrator] and she said she would sort it out, but I don't think they have got enough staff"; "They are sometimes a bit late, but they get waylaid at other jobs. I think too much is expected of them and it's not possible for them to do everything, but I am grateful for the help they give to me"; "They are on time in a morning but sometimes they are late or too early and I'm not ready for my lunch. Sometimes they are late because of traffic but I think they are probably short staffed. They don't always ring either to let me know they are going to be late"; "I think they are short staffed because

sometimes they come in and they are rushing. They do me a meal and they are off and leave the dirty pots"; "I have a team come to the house that I have nearly always seen before. I would say they are excellent. Sometimes they might be 5 or 10 minutes late but the traffic around [area] is very busy so it's understandable".

- ☐ The registered manager was aware of the issue around staffing and was actively recruiting staff at the time of the inspection. This would help ensure people's visits could be done on time in the future.

#### Using medicines safely

- ☐ There was an up to date medicines policy in place and systems for storage, administration, disposal, recording and errors were effective.
- ☐ Staff had undertaken medicines training and had regular observations of practice.
- ☐ Medicine Administration Record (MAR) sheets were audited monthly.

#### Preventing and controlling infection

- ☐ There were systems in place for the prevention and control of infection. Staff had undertaken infection control training.
- ☐ Personal protective equipment (PPE) was supplied to staff to use when delivering personal care. This helped prevent the spread of infection.

#### Learning lessons when things go wrong

- ☐ There were monthly trackers in place for safeguarding concerns, accidents and incidents. This helped the service analyse and address any patterns or trends identified.



# 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

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

- ☐ A thorough initial assessment was completed on admission.
- ☐ Care plans held securely in the office included all aspects of daily living, support required and abilities and these were reviewed annually or as and when changes occurred.
- ☐ There was a copy of each care plan in the person's home to ensure staff were aware of people's current needs with regard to support.

Staff support: induction, training, skills and experience

- ☐ There was an induction policy which set out the standards required of staff completing the programme.
- ☐ The induction was completed over a 12 week period and included shadowing, regular supervisions and observed practice and mandatory training.
- ☐ One person who used the service said, "I get different ones coming round and if they are new they get shadowed and shown what to do".
- ☐ Further training and mandatory refresher training was completed as required.
- ☐ Staff said there were plenty training opportunities at the service.
- ☐ People told us they felt staff had the skills to carry out their duties effectively. Comments included; "I have not had any reason to doubt they know what they are doing and if I ask for something they will do it for me"; "I think they are very capable at doing the job"; "I think they get the appropriate training because I have no complaints about how they help me".

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

- ☐ Nutritional and hydration needs were documented, along with any dietary needs, likes and dislikes.
- ☐ Staff had training in nutrition and hydration.
- ☐ Food and fluid charts were in place where required and completed as needed. These were regularly audited to ensure information was accurate and complete.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ The service worked with other agencies and professionals as required.
- ☐ Timely referrals were made to other professionals, such as social workers, district nurses and GPs.
- ☐ One person who used the service said, "[The service has] never had to call me a doctor but they would if I

needed one". Another commented, "They have had to call an ambulance twice for me and I was taken to hospital they are very good if I'm not feeling well".

Supporting people to live healthier lives, access healthcare services and support

- ☐ The service looked at how they could assist people to maintain high levels of hygiene, nutrition and fluid intake and health and well-being.
- ☐ The service had a contract under Stockport Council called the Better @ Home service, where they worked alongside the Reach team. This was in order to re-able people back into the community or source a long-term package of care with the help of the allocated social worker.

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 Act 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".
- ☐ We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ There was an up to date policy on mental capacity
- ☐ Staff received training in this area and their knowledge was good.
- ☐ People's level of capacity to make decisions was assessed initially and updated as required.
- ☐ Care plans included reference to the level support required to make decisions.
- ☐ Agreements were signed by people who used the service for issues such as the administration of medicines and sharing of documents, where they were able.

# 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

People were supported and treated with dignity and respect; and involved as partners in their own care.

Ensuring people are well treated and supported; equality and diversity

- ☐ Comments from people who used the service and their relatives included: "The carers who come look after me well. I can't think of anything bad they do. No complaints"; "They are always here when I need them they are very good"; "They are all very nice and I look forward to them coming"; "They have been brilliant with me and I get the same person every time [name] she is a real good lass"; "I think that it is good that when they come I have someone to talk to. I can still talk, and it is nice to sit down and have a cup of tea with them and have a chat"; "They are patient and very caring and do what they can for me"; "I have every confidence in them they are excellent".
- ☐ The service had an up to date policy on equality and diversity which was outlined in the service user guide.
- ☐ The service user guide, with information for people who used the service, could be produced in easy read and pictorial form, large print or other languages according to need.
- ☐ Staff had training on equality and diversity and were given the policy to read.
- ☐ The equality and diversity policy was discussed with staff in supervision.
- ☐ Staff and people who used the service were supported with reference to equality and diversity principles.

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

- ☐ There was clear evidence within care files that people were involved in decisions about their care and support, where they were able.
- ☐ Reviews included the views of people who used the service and their relatives, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- ☐ People who used the service commented; "They are very helpful and treat me with respect"; "I can only say they are brilliant and make me comfortable when they come to the house"; "Oh yes, they treat me with respect I have no problems with that and they will have a chat with me as they are doing the job"; "When they give me a bath they treat me properly I have no complaints about that. They are very careful with me"; "The best is that they talk to me because it's better than talking to myself. I enjoy their company and they treat me with respect".
- ☐ Staff signed an agreement around confidentiality and the sharing of information on induction
- ☐ Data protection was outlined in the service user guide.
- ☐ People's individual goals were recorded within care files and were worked towards to promote

independence.

- ☐ Equipment used to promote independence was assessed to ensure it was in good working order and staff were observed to help ensure they were using equipment appropriately.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Initial assessments included information about people's backgrounds and what was important to them.
- ☐ People were asked about carer preferences and these preferences were taken into account when support was being implemented.
- ☐ Care files included information around people's interests to ensure these were person-centred.
- ☐ If part of the needs assessment involved engaging with the wider community, this was incorporated into the care plan.
- ☐ One person who used the service said, "They do ask me what I want but we have a routine and they just get on with it". Another commented, "They are used to me now. They know what I like and what I need. They are like friends and having chat with them makes a difference to the day".

Improving care quality in response to complaints or concerns

- ☐ There was an up to date complaints policy which was outlined in the service user guide.
- ☐ Concerns and complaints were responded to in a timely manner.
- ☐ Management reviewed complaints and actions were taken where required.
- ☐ There was also a 'grumbles' tracker to help ensure minor concerns were dealt with promptly.
- ☐ People who used the service commented, "I have no complaints really apart from the timing being a bit better"; "No complaints"; "On the whole I have no complaints they are very good. All I can say is that they do their best and I get everything I need"; "I have had to mention them being late because they came at 10.30 for breakfast then when they came for lunch it was too soon to eat"; "If I want anything changing I would just tell the girls".
- ☐ The service had received compliments about the service. Comments included; "[Staff member] is always on time, [staff member] is organised and knows where everything is"; "Please kindly convey our sincere thanks and appreciation to all of your hard-working team"; "Thank you so much for the care and attention you gave to [relative]."

End of life care and support

- ☐ The service had a policy on end of life care and this was outlined within the service user guide.
- ☐ The service worked in conjunction with other agencies where required if someone was nearing the end of their life and remaining at home.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The service had a statement of purpose which outlined their ethos of promoting a good standard of care.
- ☐ The service ensured they kept up to date with new national standards.
- ☐ The service worked closely with the local authority commissioning team and they said, "New Hope work closely with SMBC's Reablement Team, as well as taking on commissioned longer-term care packages. I last visited New Hope in January 2019. On my visit, I viewed some care files, which I found to be very detailed. I also discussed Information Governance with the manager. In February 2019, New Hope were mentioned in SMBC's Quality Team Newsletter as a good news story, New Hope took part in Elf Day to raise money for the Alzheimer's society."
- ☐ The local authority reported the manager of New Hope was proactive in addressing any concerns raised.
- ☐ People who used the service said, "Overall I would give them nine to ten out of ten"; "I think they do a good job and I look forward to them coming to the house"; "Honestly I am very satisfied with the help they give to me"; "[Name] is very good and she has become a friend. She phones me when they are going to be late and she comes out on some of the calls herself"; "I am more than satisfied. So much so I hope to increase the number of times they come to the house"; "Overall very good".
- ☐ One staff member said, "I think an excellent service is offered."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
- ☐ CQC notifications of significant events that the service is required to tell us about, were sent in as required.
- ☐ Safeguarding issues, accidents and incidents were reported to the relevant bodies and any incidents reviewed to look at lessons learned.
- ☐ Managers understood the need lead by example and were happy to fill in with care visits to cover absences when needed.
- ☐ Managers were available to staff for guidance and support at the office and via the out of hours on-call system.

- The on-call number was available to people who used the service to ensure they were able to reach someone when required.

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

- People who used the service said, "I can't think of anything apart from timing that can be improved in particular. I would say they are very good"; "Don't know the name of the manager but the carers are very good. There is nothing to dislike"; "I'm not in touch with the office much. I am not dissatisfied with the help I get. I think it is very good"; "Overall not 100% satisfied because of the timing and the competency of some of the staff and the fact they seem short staffed which might be sorted after they all finish their holidays"; "I think the manager is called [name] I rang her the other day when the carer was late and stuck at a previous job and she was very helpful on the phone"; "[Name] from the office has been out a few times to check and see if everything is okay".
- Staff said they felt well supported by the management team and that supervisions and staff meetings were held regularly.
- There was always a member of the management team on call to give advice and support when required.
- Information was disseminated to staff as needed.
- The managers regularly communicated with people who used the service by telephone or via visits to their homes.
- Staff meetings were held regularly, and staff supervisions took place every three months to allow staff to voice any concerns and discuss their development needs.
- Customer reviews occurred on a six-monthly basis to ensure feedback was gained from everyone who used the service.
- The results of the most recent questionnaire demonstrated that staff and people who used the service were positive about most aspects of the service, the only issue being the occasional lateness of visits.

Continuous learning and improving care

- There were regular spot checks and observed practice to help ensure staff skills and knowledge remained current.
- Monthly audits of documentation were undertaken.
- Regular medicines audits took place to help ensure safe systems remained in place and staff skills were appropriate.
- Safeguarding concerns, accidents and incidents were tracked, monitored and analysed to inform continual improvement to service delivery.
- Complaints and 'grumbles' were tracked and addressed appropriately.

Working in partnership with others

- The service worked with other agencies and professionals, such as the local authority moving and handling team, occupational therapists, GPs, district nurses and pharmacists.
- The management team attended meetings when requested by families or other professionals to discuss people's care and support needs.
- Referrals to other services were made as required.