Precious Hope Health & Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This announced inspection took place over two days on 26 and 27 September 2016.

The service provides support with personal care to people in their own homes. At the time of our inspection there were 18 people using the service.

The service did not have a registered manager in post at the time of our inspection. A registered manager 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.

The registered manager for the service had resigned in July 2016 however they had yet to cancel their registration to manage the service with the Care Quality Commission (CQC). The provider told us that they had appointed a new manager for the service and that they had submitted the relevant documents to CQC to begin the registered manager application process.

People did not always have the correct information regarding the staff that would be attending their support call and could not always be assured that the visit would take place at the agreed time. The provider was aware of this and was currently working to improve the consistency and timing of care visits.

The provider did not have all appropriate measures in place to assure themselves of the quality and safety of the service. The system in place to monitor care staff attendance at care visits was not sufficiently robust. The provider was aware of this and was taking action to implement a new system of call monitoring.

There were systems in place to manage medicines safely. Staff were trained in the safe administration of medicines and people had specific care plans relating to the provision of their medicines.

People were protected from harm arising from poor practice or abuse as there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

Recruitment procedures were sufficiently robust to protect people from receiving unsafe care from support staff that were unsuitable to work at the service.

People were actively involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and applied their knowledge appropriately. There was a Mental Capacity policy and procedure for staff to follow to assess whether people had the capacity to make decisions for themselves.

People received care from staff that were kind and friendly. People had meaningful interactions with staff and looked forward to seeing the staff. People received care at their own pace and were treated with dignity and respect.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care.

People received care from staff who had the appropriate skills and knowledge to meet their needs. All staff had undergone the provider's induction and the provider had a plan in place for on going training.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing arrangements did not always ensure that people were provided with information regarding the staff that would be delivering their care. People could not be assured that their care would always be delivered at the agreed time.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse and staff understood their responsibilities.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.
People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

People were supported to have sufficient to eat and drink to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were encouraged to make decisions about how their care was provided.

People's privacy and dignity were protected and promoted.

Is the service responsive?

Good

This service was responsive.

People's needs were assessed and reviewed regularly.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint and a system for managing complaints was in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not effectively monitor all areas of the quality and safety of the service and were unable to effectively measure and review the quality of care delivered in some areas.

There was no registered manager in post. However a new manager had been appointed and they had begun the application process to register with the Care Quality Commission (CQC).

Systems were in place to seek feedback from people and their relatives and appropriate action had been taken in response to these.

Precious Hope Health and Home Care

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 announced inspection took place on 26 and 27 September 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides care for people in their own homes; we needed to be sure that someone would be in.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority safeguarding team and clinical commissioning group.

During this inspection we spoke with four people who used the service and two relatives. We also looked at care records relating to two people. In total we spoke with five members of staff, including support workers, a team leader and the manager. We also spoke with the provider, who was currently involved in the day to day running of the service, supporting the new manager. We looked at the quality monitoring arrangements for the service, three records in relation to staff recruitment, as well as records related to staff training and competency, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

People could not be assured that staff would always attend their scheduled visits at the agreed time or that they would routinely be informed when staff were going to be late. People had mixed views about the timeliness of their care visits; most people that we spoke to had experienced some late visits, and some people said that the service did not always contact them to let them know that staff were going to be late. One person said "They are sometimes half an hour late" and a relative told us "The problem is that some of the carers are coming from a long way away and they are late, I know [Provider] is trying to recruit more people locally". The provider had recognised that there was an issue with the way the rotas were organised, which had resulted in some people receiving late visits. At the time of the inspection the provider was reviewing all rotas to ensure that staff arrived at the time they were expected.

The provider had recently recruited a number of new staff and there were enough staff to meet people's needs. However, people did not always know who was going to be attending their visit and although most people said that they usually received a rota they said that this often changed. One person said that they had recently begun using the service and that they had not received a rota until they asked for one. Another person's relative said "We do usually get a rota but they don't always stick to it; particularly at weekends." At the time of the inspection the provider was reviewing all arrangements for how staff were allocated to visits to improve the continuity of staff allocated to people.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One person said, "The carers are like friends to me, I feel very safe with them." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm. One member of staff said, "I would deal with any concerns immediately and speak to the manager. I would notify the council if needed." Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. Appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. People using the service were kept involved and were informed of the outcome at the conclusion of the investigation.

People's needs were assessed and reviewed by staff so that risks were identified and acted upon. Staff understood the varying risks for each person and took appropriate action. For example, one person required increased support to mobilise. Staff understood how they could safely support the person and the equipment that was needed to do this. The provider put plans in place to care for the person as safely as possible and had also requested an occupational therapy assessment to support the person in the long term. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. We saw evidence of staff raising their concerns with the staff based in the office who requested further professional assistance when necessary. One member of staff said "The office are good, really prompt at sorting out any problems".

There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before

they were able to start work and provide care to people. Staff told us that they had undergone interviews and references had been acquired. This meant that people were safeguarded against the risk of being cared for by unsuitable staff.

There were systems in place to ensure that people received their prescribed medicines safely. One person told us "The staff help me with my medicines three times a day, I've never missed any". Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration, one member of staff said "I was trained how to do medication and then watched by senior staff before I could do them on my own". Medicines administration records (MAR) were clear, individual medicines care plans were in place for people and medicines were regularly audited by the provider.

Good

Is the service effective?

Our findings

People received care and support from staff that had the knowledge and skills needed to carry out their roles and responsibilities effectively. One person told us "New staff don't come on their own, they're always with experienced staff first, learning what to do". Staff told us that they had received a suitable induction and training which enabled them to understand the needs of the people they were supporting. One member of staff said "The induction was good, I did moving and handling training at the office and medicines training as well as e-learning".

Staff did not work with people on their own until they had completed all of the provider's mandatory training and had completed sufficient shadow shifts to ensure that they felt confident to undertake the role. One member of staff said "New staff shadow as much as they need, there is not a set amount of time, it's different with everyone and new staff do not work on their own until they are ready". New staff were also required to complete the Care Certificate which supports staff to provide compassionate and safe care in line with 15 required standards. Staff also had additional training specifically relevant to the people that used the agency, for example the provider used life sized models for demonstration and practice purposes when delivering training in catheter care. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

People received a service from staff that were provided with the support they needed to do their job effectively. Staff told us they felt well supported in their roles and were able to gain support and advice from the provider, manager and team leaders when necessary. Supervision sessions were used to assess staff performance and identify on-going support and training needs and staff described these as supportive. One member of staff said "I've had supervision with [Provider] we talked about how I was getting on, what was going well and what could be improved; we also talked about my career progression and any training I wanted to do". Supervision also took place when any concerns had been raised by people or staff. Senior staff carried out regular spot checks during support visits, which involved them observing staff as they provided care for people. One member of staff said "The team leaders do spot checks during our visits, to make sure we are doing our job properly". The provider also had a plan in place for annual appraisals which reviewed staff's performance and identified areas for further training or personal development.

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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.

People were involved in decisions about the way their support was delivered and staff asked people for their consent when supporting them. One person said "The carers always ask me before they do anything". People's care plans contained detailed assessments of their capacity to make decisions for themselves and

staff were aware of their responsibilities when caring for people who may lack capacity to make some of their decisions.

People's needs with regards to eating and drinking were regularly assessed and plans of care were in place to mitigate identified risks. Staff followed the advice of health care professionals when supporting people with eating and drinking. People were supported with their meals and drinks when necessary. One person told us that the staff encouraged them to eat well and gave them choices about what they wanted to eat; staff described how they always spoke to people about their food choices and gave different options. We saw that people's care plans recorded if
people required support with their meals and staff supported people to eat the food and drink they enjoyed.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. For example one person's care plan stated that the person was prone to prolonged chest infections and described the signs and symptoms that staff should monitor the person for and what to do if they had concerns. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on instructions.

Good

Is the service caring?

Our findings

People were cared for by a team of staff who knew them and understood their care and support needs. One person said "The carers are very good, they do everything they can for me". One person's relative described how carers monitored their family member's well being closely and said "they always respond to any changes quickly and advise me if there are any changes to [Names] needs".

People told us that the staff were very caring and supportive and said that staff worked hard to look after them in an individualised way. One person said "The carers that come are kind, patient and nice". Staff supported people in a positive; person centred way and involved them as much as possible in day to day choices and arrangements. People said that staff were always kind and provided caring support. One person said "I think the carers are wonderful, this is the best service I've ever had".

Staff knew about people's life histories and the people and things that were important to them and listened to what people wanted. One person said "I never feel rushed; they always ask me if there is anything else they can do before they go". Relatives felt that staff worked sensitively with them to support people. One person's relative said "I was very dubious about having people coming into the house but now they have they're more like friends, we're really pleased".

People were encouraged to express their views and to make choices. One person/relative said "I had a meeting with [manager] and was fully involved in the assessment of [Name's] needs". There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff. It was clear that these had been produced with the person or their representative, if they were unable to do this. Staff understood the importance of respecting people's choices, for example one member of staff described how they asked people what food they would like prepared when supporting them at mealtimes.

People told us that staff were always polite and respectful towards them, one person said "the staff are very approachable". Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. We saw that the provider emphasised the importance of confidentiality during staff meetings. People's dignity and right to privacy was protected by staff. One person said "they knock the door before they come in and don't just barge into the bathroom when I'm having my shower". Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way.

No one currently supported by the service required the support of an advocate but the provider was aware of how people could be supported to access advocacy should they need to.

Good

Is the service responsive?

Our findings

The provider or manager met and assessed people's needs before they joined the service to understand their support needs. Assessments and care plans were devised to assist staff to provide care and support that would meet people's needs and expectations. People were able to discuss their daily routines and their expectations of the service. This information was used to develop a care plan for people.

Person centred care plans contained information about people and their preferences. Areas covered included; medical conditions, eating and drinking and mental capacity. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs and people received care that corresponded to their care plans. Where people were at risk of pressure ulcers, their care plans recorded the equipment and support they required to help prevent them. People were involved in planning their care as much as they were able and people or their representatives had signed their care plans to consent to their care and support.

Care plans were reviewed regularly and as needed. Review meetings took place with the person or their representative, their care needs were discussed and any changes to the care plan recorded. People were asked at every review meeting whether they were happy with the care that was being provided to them.

The assessment and care planning process considered people's hobbies and interests as well as their current support needs and there was some information in people's care plans regarding their life history. Staff were knowledgeable about people's preferences and choices and people told us that they liked to chat with staff about their interests.

The service supported people in a flexible way, for example one person contacted the office if they had a particular need for staff to visit outside of their scheduled visit times and we saw that the service deployed staff so that they could attend to the person as they requested. The provider had a system in place which meant people could contact a member of staff seven days a week should they need to. People told us they knew who to contact; one person said "There is a number in the folder; I can ring them if I need to."

People and their relatives said that they knew who to speak to if they were unhappy with any aspect of the service. People's comments and feedback about the service had been listened to and acted on promptly by the provider. One person said "They've told me I can ring the office any time and speak to them if I have any concerns". Another person said that they had needed to raise a concern in the past; they said "I feel that they listened, they took my complaint seriously and it hasn't happened again". A complaints procedure was available for people who used the service explaining how they could make a complaint. We saw that the manager had written to one person who had raised concerns, addressing each issue that had been raised and detailing what had been done by the service in response to the concerns.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager. The registered manager for the service had resigned in July 2016. The provider had appointed a new manager who had begun the process of making their registered managers' application with the Care Quality Commission (CQC).

Some of the systems in place to measure the quality and safety of the service were not effective. The electronic call monitoring system failed to accurately record visit times and identify late or missed calls. The provider was not able to audit the call logs. We spoke to the provider about this who explained that they were aware that this did have an impact on the quality and safety of the service and had plans to install an alternative electronic call monitoring system.

Quality monitoring systems were in place to assess other areas of the service people received. We saw that audits were carried out on care plans, risk assessments, communication logs and accidents and incidents. The provider was actively involved in the service and regularly worked alongside carers to monitor the quality and safety of the service being delivered.

People and their relatives were asked for their feedback about the service. The provider carried out regular surveys of people who used the service. People told us that they had been asked to complete a feedback questionnaire and we saw that questionnaires completed by people had been analysed and action taken in response to comments made. For example the late attendance of staff for care visits had been raised as a concern. The provider had written to people about this and devised an action plan that they were currently working through to minimise the risk that calls would be late.

The provider promoted an open and honest culture within the organisation. Staff told us that they were able to approach management about any issues or ideas for improvement and that they were listened to. One member of staff said that they had discussed their ideas for improvements that could be made with regards to the way care notes were recorded; the provider had taken their suggestions into account when considering how these could be developed. Regular staff meetings took place to inform staff of any changes and to provide a forum for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive inclusive culture, with discussions about the provider's vision for the service, correct completion of documentation, professionalism and safeguarding.

Staff were also asked their opinion of the service through regular staff surveys. In a recent survey staff had asked the provider to consider how the allocation of care visits could be better organised so that they were covering a smaller geographical area. The provider had evaluated the responses and written to staff to inform them of the action they would be taking to achieve this.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company. The

provider and manager understood their requirement to submit appropriate notifications to the CQC and were aware of how they could do this.