

Hope Health Kare Limited

Hope Health Kare Limited

Inspection report

Office No. 3, 83 Copley Road
Doncaster
DN1 2QP

Tel: 01302431944

Date of inspection visit:
07 February 2023
13 February 2023

Date of publication:
27 February 2023

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

Hope Health Kare Limited is a domiciliary care agency providing personal care and support 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 our inspection 20 people were receiving personal care.

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

Systems in place to monitor the service were not always effective. Some concerns we identified had not been previously identified. There was no evidence people were harmed and concerns were predominantly in relation to record management. However, systems required embedding in to practice.

The provider had systems in place to ensure people received their medicines as prescribed. However, documentation was not always clear making it difficult to check if people had received their medicines in a timely way. We found no evidence people had been harmed and the registered manager took appropriate actions to address these concerns. Risks assessments were in place to identify any areas of support which may pose a risk. Some risk assessments lacked detailed information to ensure people received safe care.

Staff and people told us they had access to personal protective equipment (PPE) and used this where required. The provider had an accident and incident policy and analysed incidents to ensure reoccurrences were reduced.

The registered manager and staff informed us they had DBS checks and references prior to commencing work. Staff confirmed they were supported by the registered manager and received appropriate training to help them carry out their role effectively.

People's needs were assessed when people commenced a care package with the company. This identified the person's needs and how they preferred their support to be delivered.

People and their relatives told us they received support from care workers who knew them well and offered kindness and compassion. People were involved in their support and had been included in their care planning.

The registered manager had a complaints process in place. People told us the staff were friendly and approachable and they would inform staff if they had any concerns.

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

Rating at last inspection

The service registered with us on 30 October 2022 and this is the first inspection.

Why we inspected

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hope Health Kare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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 houses and flats.

Registered Manager

This service is required to have a registered manager. 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.

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 7 February 2023 and ended on 16 February 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and 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

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, care coordinator and care workers. We reviewed a range of records. This included 3 people's care records and medication records. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

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 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.

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed.
- Documentation was not always clear. Medication administration charts were used to record when staff had administered medicines. However, some had signatures to show who had administered the medicines while other boxes only showed a tick. This meant it was difficult to check who was responsible for administering the medicines.
- The provider could not always demonstrate time specific medicines had been given as prescribed. We raised this with the registered manager who took action to address the inconsistencies in the recording.
- People and their relatives told us they received their medicines as prescribed. One person said, "They [staff] give me my medicines and I take them."

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and staff were knowledgeable about risks involved in people's support. However, some risk assessments required more detail to ensure people received safe care.
- Staff told us they knew people well and visited the same people regularly so understood risks associated with their support.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. Staff told us they received training in safeguarding and knew how to recognise and report abuse.
- The registered manager kept a record of safeguarding concerns and their outcome and used to improve their service.
- People and their families told us they felt safe using the service. One relative said, "It's completely safe. [Relative] says she is very happy and feels secure when they [staff] come to get [my relative] up." Another relative said, "[Relative] is very safe. They are lovely girls, all kind to [relative]."

Staffing and recruitment

- The provider had a recruitment system in place to assist them in employing suitable carers. Pre-employment checks were required prior to staff commencing their role. For example, disclosure and Barring checks were carried out (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they received induction when they started work. This included shadowing experienced

staff until they were confident working alone.

- People and their relatives told us they could rely on staff to arrive on time and stay for the allotted time. People were happy they receive care from the same core group of staff.

Preventing and controlling infection

- The registered manager carried out spot checks to ensure staff were working within the providers infection control procedures. This included checking personal protective equipment and ensuring good hand hygiene.
- People and relatives told us staff wore appropriate PPE, masks, gloves and a uniform. One person said, "They [staff] wear aprons over their uniforms and they wear gloves."

Learning lessons when things go wrong

- The provider had an accident and incident policy and analysed incidents to ensure reoccurrences were reduced.
- Any actions were discussed at team meetings. Sometimes further training and reflective practice and learning from incidents to prevent future incidents.

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 when people commenced a care package with the company. This identified the person's needs and how they preferred their support to be delivered.
- Wherever possible the registered manager visited new people prior to care commencing, to ensure the care package was right and in line with their choice.

Staff support: induction, training, skills and experience

- The provider ensured staff received appropriate training to carry out their role effectively.
- Staff new to care enrolled on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme]
- Staff told us training was good quality and they received an induction. One staff member said, "Yes I had an induction when I started working for Hope Health Kare and the induction covered most of the things that I have done in my training and I was confident to start work."
- People and relatives were confident staff knew their role well and were trained. One relative said, "They [staff] know what I need them to do when they come here."

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

- Some people required support to maintain a healthy, balanced diet.
- Where this support was required, support plans included information about food preferences and how people required support.

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

- The provider and staff took appropriate actions to ensure people received timely and appropriate care and support.
- The registered manager told us they contacted professional such as district nurses and GP when required.

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.>

- The registered manager was knowledgeable about MCA and DoLS and knew what steps to take to ensure they were working in line with the principles of the MCA

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

- People and their relatives spoke highly of the care and support they received and had built up good relationships with the care workers. One relative said, "I've been there when then they [staff] are there, they are very patient and encouraging. They chat to [relative]; they are so lovely."
- One staff member said, "Person centred care to me means focusing on the need of the individual. Ensuring that a person's needs and preferences are met and also providing care that is responsive and respectful to them."

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

- Staff we spoke with told us they ensured people were involved in their care. One staff member said, "I promote independence by allowing the service users to also do some things on their own if they can and to give them a chance to make decisions for themselves when needed."
- People felt valued and able to freely express their views. One person said, "They [staff] listen and say is there anything else I can help you with."

Respecting and promoting people's privacy, dignity and independence

- People and relatives were complimentary about the way staff maintained their dignity and respected the. One relative said, "[Relative] is listened to. Even if I'm in the kitchen they always go into her room and say goodbye to her, always put [relative] first."

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 rated 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 were involved in their support and had been included in their care planning. One person said, "Somebody phoned me and then came to see me." A relative said, "They [staff] came to see [relative], sat with me and [relative] for one and a half hours. they got everything they needed and asked relative the questions, how [relative] would like the care provided. Very personalised."
- Care plans clearly set out how people preferred their care to be carried out. Staff confirmed they knew people well and usually visited the same people which helped them build up a relationship.

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 told us staff communicated with them well and explained the care and support they were completing and checked they were comfortable and satisfied. One relative said, "They [staff] do listen to [relative]. A couple of them now realise if [relative] hasn't heard [relative] just nods (hard of hearing). They [staff] go to the side of [relative's] ear to make sure [relative] has heard. It's very dignified."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people were aware of how to raise a concern.
- People told us they were satisfied with the support they received and had not had cause to complain. People felt the registered manager was approachable and would listen to them.

End of life care and support

- Staff received training to assist them in supporting people and their families at the end of their lives.
- The registered manager confirmed they would work alongside the hospice to support people appropriately.

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.

Continuous learning and improving care

- Systems in place to monitor the service were not always effective. Some concerns we identified during our inspection in relation to documentation of risks and medication management, had not previously been identified. Therefore, systems needed to be embedded in to practice. There was no evidence people were harmed and the concerns were predominantly in relation to record management.
- Some care plans required review to ensure they were reflective of people's needs. For example, one care plan did not include instructions on how to support someone to manage their medicines.

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

- The registered manager was keen to ensure people received person-centred care which met their needs and preferences.
- People were happy with the care they received. One person said, "I'm quite satisfied with them [staff]. They [staff] are very pleasant and helpful." One relative said, "It's very person centred. The staff are very friendly, it's an open and honest culture."

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

- Systems were in place to obtain feedback from people and their relatives.
- Customer questionnaires were carried out to capture people's views on the care they received. We saw positive comments had been made. For example, one relative said, "To be honest they are very good and caring."
- Spot checks were carried out by the registered manager to ensure care was being delivered in line with people's needs. This also gave an opportunity to discuss people's care with them to ensure satisfaction.

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 registered manager was supported by 2 senior care workers and they were clear about their roles and responsibilities.
- The registered manager understood regulatory requirements and their responsibility in regard to duty of candour.

Working in partnership with others

- The registered manager could demonstrate they were working in partnership with others to meet people's needs. One relative said, "I didn't expect them [staff] to contact the doctor and district nurses on our behalf, which was really good."