

Hopecare and Health Limited

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Inspection report

Office 9, Biz Hub
Longfields Court, Wharnccliffe Business Park
Barnsley
S71 3GN

Tel: 07903358558

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hopecare and Health Limited is a domiciliary care agency providing personal care to people in their own houses and flats. 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 there were 10 people using the service.

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

Not all risks posed to people were assessed. Some support plans were not in place to guide staff about how to safely support people. Risk assessments and care plans required some improvements, to ensure all risks to people were appropriately assessed and documented. Not all accidents and incidents were monitored, with lessons learned to mitigate future risks to people. People and relatives told us they felt safe.

Medicines records were not always accurately completed by staff and where people were prescribed 'as required' medicines, no protocols were in place to guide staff about how and when these should be taken. Staff received training and competency checks prior to administering medicines and people told us they were given their medicines as prescribed. Systems in place alerted the leadership team if medicines were not given on time.

Whilst staff had received training in a range of subjects, some staff required further training in the care certificate standards. We have made a recommendation about this. People were supported by enough staff, and call times were monitored by the registered manager. People told us staff supported them for their allocated times and where staff may have been late, this was communicated to them.

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records relating to consent and capacity needed improving.

Governance systems required strengthening. Audits did not identify concerns found during the inspection, in relation to care records, learning from incidents, medicines records and capacity and consent. Quality assurance systems were not always effective. Feedback from people and staff had been sought. However, this was not used to as part of an ongoing improvement plan, to improve the quality of the service.

Staff were trained and knowledgeable about how to safeguard people from the risk of abuse. The registered manager was aware of their responsibilities to report notifiable incidents to external agencies. Staff told us they were supported by the registered manager and felt able to raise concerns.

Care plans contained details of peoples likes and dislikes, interests and hobbies. How people would like to progress was explored and documented, to enable staff to help people achieve their goals. Where people

needed support to eat and drink, this was provided by staff and daily records contained details of people's nutritional intake. Staff worked with external agencies, to ensure people's health needs were met, this included GP's, speech and language therapists, and district nurse teams.

People and relatives told us staff were friendly, kind and caring. Staff supported people in line with their choices and promoted privacy and dignity. People's equality and diversity was explored at pre assessment stages. Staff completed daily records which were detailed and reflected how care was individualised and provided for people. Staff had access to an online system, which alerted them to any changes in people's needs.

Complaints were appropriately investigated, responded to and actioned. Systems for monitoring complaints, included a 'you said, we did' report, to ensure action was taken to address concerns. We received positive feedback from people and relatives about the leadership of the service, they told us communication was good and they knew who to contact if they had any concerns. Staff had access to policies, procedures and care plans, and took part in regular meetings. Staff spot checks were in place to monitor staff performance, interactions, and practices.

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

Rating at last inspection

This service was registered with us on 4 March 2022 and this is the first inspection.

Enforcement and recommendations

We have identified breaches in relation to assessing risks and governance.

We have made a recommendation the provider reviews their training systems.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Hopecare and Health 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 1 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 13 July 2023 and ended on 17 July 2023. We spoke with 5 staff, including the registered manager, 2 people who used the service and 6 relatives. We reviewed 3 care records, 3 staff files and various records relating to medicines. We reviewed a range of records relating to 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.

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.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks to people were not always appropriately assessed. Accidents and incidents were not always monitored, with action taken to mitigate future risks to people.
- Not all care plans contained enough detail about how staff supported people safely. For example, a person's pressure care needs were not risk assessed, care plans did not contain detail about how staff safely transfer this person. Another person did not have a risk assessment or care plan in regards to their epilepsy management.
- Systems to monitor accidents and incidents were not always effective and did not promote learning, to reduce the risk of reoccurrence and improve the quality of the service.

The provider had not ensured that all risks to people were consistently assessed and managed, with lessons learned to mitigate future risks. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe. One person said, "I feel very comfortable and safe, can't fault the staff." A relative said, "[Name] likes the staff, they have stayed longer to make sure [name] had their needs met."

Using medicines safely

- Medicines were not always safely managed. Improvements were required to ensure medicine administration records (MAR's) were completed accurately. Audits were not effective in identifying concerns.
- Whilst we found no harm had occurred, some MAR's were not completed appropriately, meaning we could not be assured people received their medicines as prescribed. PRN protocols were not in place to guide staff about how and when to give these. For example, one person's records did not detail they had not received medicines due to a stay in hospital.
- Where people were prescribed 'as required' medicines, no protocols were in place to guide staff about how and when people should take these.
- Staff were trained and had their competency assessed prior to administering medicines.
- People and relatives told us staff supported them safely with their medicines. A relative said, "Staff make sure [name] has their medication and they are good with that."
- Online systems were in place to alert the leadership team if a medicine was overdue.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- Staff were trained and knowledgeable about how to protect people and told us they felt comfortable to report concerns. A staff member said, "Safeguarding means protecting a person's right to live in safety, free from either abuse or neglect. I would report safeguarding concerns, if there was a risk of harm to the wellbeing and safety of people."
- At the time of the inspection, no safeguarding incidents had occurred. The registered manager was aware of their responsibilities to report notifiable incidents to external agencies, where required.

Staffing and recruitment

- People were supported by enough staff.
- People received support for their allocated call times. There had been no missed visits and people told us if staff were running late, this was communicated to them. The provider had call monitoring systems in place, to ensure people received staff support, in line with their care plan. One person said, "We get on really well with staff, they are nearly always on time, but if they are a little late, they ring me up."
- People received support from a core team of staff. A relative said, "My relative has the same staff, any new staff are introduced to [name] before they come and provide support."
- Staff were recruited safely and pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service (DBS) certificates were checked.

Preventing and controlling infection

- Systems and policies were in place to reduce the risk of infection.
- Staff spot checks were carried out by the leadership team, to ensure staff were adhering to policies relating to infection, prevention and control. People and relatives told us staff wore personal protective equipment (PPE) as required.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received some training in relation to their roles and an induction was in place for new staff. However, further training was required to ensure all staff completed 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.

We have made a recommendation the provider reviews their training systems to ensure all staff undertake appropriate training in line with The Care Certificate standards.

- Staff told us they felt supported in their roles and received regular supervisions. A staff said, "I feel supported by my manager. Furthermore, I am able to make suggestions and they are listened to." Another staff said, "If I have any questions, I feel comfortable approaching the manager. The supervisions I have are supportive."

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

- Care plans did not always contain enough information about people's needs. For example, where people were supported with personal care tasks or mobility tasks, records lacked detail about how staff supported people with this.

- Care plans were up to date and regularly reviewed. However, audit systems had not identified concerns found during the inspection.

- Pre assessments were in place, prior to people receiving care and support. Staff had access to online systems which provided them with any updates and changes to people's support. Where appropriate, relatives had access to online systems, which allowed them to view care plans and daily records. A relative said, "I can go on an app and see what staff have done each day. They help [name] with lots of tasks, they are so friendly."

- People and relatives told us staff knew them well and provided them with the support they required. Comments included, "Staff come several times a day and help [name] with bathing and getting changed, they make sure [name] has everything they need." And "Staff make sure my relative is comfortable, they always leave a drink, it has been a godsend having the care."

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.

- People were supported to have choice and control over their day to day lives and people and relatives told us staff offered choices. However, records relating to capacity and consent required improvements.
- Records were not clear about people's capacity to consent and did not contain capacity assessments or best interest decisions.
- Staff were trained about the MCA. People and relatives confirmed they were offered choices and made decisions about their care. One person said, "Staff talk to me all the time when carrying out care (to check consent)." A relative said, "Staff do ask for consent, they wouldn't force my relative to do anything."

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

- People were supported to maintain a balanced diet. Care plans detailed people likes and dislikes. Daily records evidenced people were provided with enough to eat and drink.
- People and relatives told us staff prepared their meals in line with their choices. One relative said, "Staff make [name] a cooked breakfast in the morning, they always offer snacks and drinks, diet and fluids are monitored on the app."

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

- Staff worked closely with external agencies to ensure people's health needs were met. This included GP's, speech and language therapists and district nurses.
- Most people using the service accessed healthcare services themselves. However, where required staff assisted people to access healthcare services. A relative said, "[Name] was unwell and the staff called for the doctor, the staff were really good and stayed with [Name] until I arrived."

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

- Peoples equality and diversity was explored and included in their care plans. People told us they were treated well.
- People and relatives told us staff were kind and caring. Comments included, "Staff are more than willing to do whatever is needed, they are all lovely", "Staff are friendly, lovely, good people", "We couldn't ask for anything better."

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

- People were supported to express their views and be involved in making decisions about their care. People and where appropriate their relatives, were involved in developing their care plans.
- People's care records detailed who was important to them in their life and one person's plan detailed their love for watching football with their relatives.
- Staff understood their roles and importance of supporting people to make choices. A staff said, "We respect people's views, choices, and decisions. Above all we ask for people's consent before we attempt do anything."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. People and relatives told us staff respected their privacy and dignity. A person said, "Staff help me with personal care, and we use towels to maintain my dignity, I never feel embarrassed." A relative said, "Staff knock on the door when they arrive."
- Staff were aware of how to maintain people's confidentiality. People's records were stored on a password protected system. Staff told us they do not share confidential information, unless necessary and how they stored and protected people's records.

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

- Not all care plans contained enough information about how to support people. This has been mentioned in the effective and safe domains.
- Other aspects of care plans contained details about people's preferences and wishes, including how they would like to progress. Care plans explored people's hobbies and interests.
- People told us they were provided with individualised care, in line with their preferences. A person said, "I can adjust the times I receive care and they accommodate this." Another person said, "I have chosen to have female staff only and this is provided."

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.

- Peoples preferred communication needs were communication included in their care plans. Staff had recently worked closely with a speech and language therapist to improve a person's verbal communication skills.
- The registered manager understood the need for information to be made available to people in an accessible format, if required.

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

- Most people using the using did not receive support with activities. However, where people did receive support, staff assisted them to access the community and take part in activities of their choosing, such as shopping and local cafes.

Improving care quality in response to complaints or concerns

- Systems were in place to monitor, investigate and action any complaints or concerns. Systems for monitoring complaints, included a 'you said, we did' report, to ensure action was taken to address concerns.
- People, relatives, and staff were aware of how to make a complaint and told us they felt comfortable to do so, if required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems were not always effective in improving the quality and safety of the service.
- Audits had not identified concerns found during the inspection in relation to care records, capacity and consent, medicines records and staff training.
- Accidents and incidents were not always effectively reviewed to learn lessons and improve care quality and safety for people.
- Feedback was sought from some people and staff. However, this was not used as part of an ongoing improvement plan, to action any concerns.
- The provider visited the service, sought feedback from people and took part in regular staff meetings. However, quality audits required strengthening, to ensure the provider had oversight of the service and was able to identify any shortfalls.

The provider failed to effectively monitor and improve the quality and safety of the service. This is a breach of regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People, relatives and staff gave us positive feedback about the service leadership. One person said, "I would definitely recommend Hopecare." A relative said, "They are good, very compassionate, and caring. When [name] came out of hospital, the visits resumed like clockwork. I think the communication is really good."
- Staff were dedicated about providing responsive and good quality care to people. Staff felt supported in their roles and told us team morale was good. A staff said, "Hopecare is without a doubt, a good place to work, they treat people equally." Another staff said, "I feel supported, that makes it easier to do my job."
- Staff were involved in regular meetings, where they could raise suggestions and any concerns. Staff received supervisions and told us they were effective. Staff spot checks were in place to monitor staff performance and interactions with people.
- Systems were in place to monitor care delivery and support people received. This system alerted the management team to any missed tasks, medicines administration and call times.

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 roles under duty of candour. The registered manager was open and honest and had notified external agencies, such as CQC and local authorities of specific incidents, as required.
- The registered manager was open and honest during the inspection and recognised, as a new service they were developing their systems and processes.

Working in partnership with others

- The service worked in partnership with external agencies, such as the local authority and external healthcare professionals.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that all risks to people were consistently assessed and managed, with lessons learned to mitigate future risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively monitor and improve the quality and safety of the service.