

H.O.P.E. Superjobs Limited

# H O P E Superjobs Limited

## Inspection report

3rd Floor, Broadway Chambers  
1 Cranbrook Road  
Ilford  
IG1 4DU

Tel: 02085530827  
Website: [www.hopesuperjobs.co.uk](http://www.hopesuperjobs.co.uk)

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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:

- H O P E Superjobs Limited provides personal care to children and adults who live in their own homes. The service's office is based in Ilford, Redbridge. Care is provided in the London borough of Redbridge and other London boroughs.

- At the time of our inspection, 222 people used the service and there were 240 staff.

People's experience of using this service:

- People's needs were assessed before they started using the service and where risks were identified, there was guidance in place to manage them safely.
- People received person-centred care that reflected their assessed needs and preferences. Staff encouraged and promoted independence.
- People's privacy, dignity and independence was promoted. Staff understood equality and supported people's diverse needs.
- People and their relatives told us the service was safe. Staff knew how to recognise signs of abuse and what action they needed to take to keep people safe.
- Although the registered manager had made improvements to risk assessments, and reporting of incidents, accidents and safeguarding concerns, the system could benefit from further improvements. We made a recommendation on risk assessment.
- Robust recruitment and assessment checks were completed before staff were employed.
- There were enough staff to provide care people needed.
- Staff told us they were supported by their line managers and they received suitable training to meet the needs of people using the service. Staff received regular one-to-one supervision and annual appraisals to enable them to assess their performance and training needs.
- Medicines were safely managed.
- Staff had knowledge and necessary equipment to reduce the risk of infections.
- People were supported to maintain good health and had access to healthcare services. Staff knew how and who to contact if people had emergency medical needs.
- Where required, staff supported people with their dietary needs and preferences.
- There was a clear management structure in place. This ensured that the service was well led.
- There were effective systems in place to assess and monitor the quality of the service provided.
- Feedback from people and their relatives was requested and acted on.
- The service worked with other organisations and professionals to plan and deliver an effective service.

Rating at last inspection:

- At the last inspection the service was rated Requires Improvement (report published 13 March 2018)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection. We found the service had made improvements to meet the characteristics of Good in all areas.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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?

The service was safe.

Details are in our Responsive findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Responsive findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Responsive 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 well-led.

Details are in our Responsive findings below.

Good ●

# H O P E Superjobs Limited

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

#### Inspection team:

Our inspection was completed 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. Our expert-by-experience had knowledge about personal care of adults within the community.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to children, adults, and older people who may also have dementia. 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 four days' notice of the inspection visit because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must tell us about, such as any serious injuries to people. The provider also completed 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 used this information to plan our inspection. We contacted health and social care professionals for feedback about the service.

We spoke by telephone with two people who used the service, 14 relatives and seven care workers. During the inspection we spoke with one care worker, a care manager, a deputy care manager, managing director and a compliance advisor. We reviewed a range of records including parts of eight people's care and support plans and reviews, and risk assessments. We looked at seven staff files and checked their recruitment and training records. We also reviewed records used in managing the service for example policies and procedures monitoring records and minutes of meetings.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- At the last inspection on 29, November 2017, we asked the provider to take action to make improvements to risk assessments and quality assurance systems, and this action has been completed.
- The service had appropriate systems in place to ensure people were protected from the risk of abuse. People and their relatives told us the service was safe. One person said, "I feel safe with each one of [staff]". A relative told us, "I just feel very positive about them. Yes, [person using the service] is safe."
- Staff had received training in safeguarding and knew how to identify, prevent and report abuse. Staff were aware of the contact details of local authority safeguarding team and knew how to contact them if needed.

Assessing risk, safety monitoring and management

- At the last inspection on 29, November 2017 we found the provider was in a breach of regulation, and we asked them to take action to make improvements to risk assessments, and this action has been completed.
- At this inspection, the registered manager had made improvements and ensured risk assessments were detailed and contained guidance for staff on how to mitigate identified risks and ensured people were safe.
- Although the risk assessments were comprehensive with information about possible risks and guidance for staff, they were too long and contained areas not relevant to people. We recommend the registered manager adopts a best practice of developing effective risk assessment.
- Environmental risks, including use of wheelchairs, hoists and fire safety were assessed and reviewed. Staff told us and records confirmed that staff had received training on moving and handling and other health conditions which would require emergency response. This showed that staff knew how to manage risks and ensure people were safe.

Staffing and recruitment

- There were enough staff to meet people's needs and the recruitment system worked to reduce risk. One person said, "If one member of staff is away, the agency will always send another member of staff."
- People told us that staff arrived on time and they were informed if a member of staff was going to be late. They told us that staff were not rushed, they always stayed the whole time allocated. Staff told us that they worked locally and were able to be on time to deliver care.
- Records showed and the registered manager confirmed there were robust recruitment checks that followed the regulations. Criminal record checks, two written references, proof of identity were checked when staff were employed. This ensured that staff at the service were safe to provide care and support people needed.

### Using medicines safely

- Processes were in place to ensure people received their medicines safely.
- Staff told us and records showed that staff received training on the administration of medicines.
- Where people were supported with their medicines, staff completed medicines administration records which were checked by care managers manager at monitoring visits. Some people were able to manage their own medicines.

### Preventing and controlling infection

- Staff received training on infection control and food hygiene. This meant staff understood how to reduce the risk of infections.
- Staff had access to personal protective equipment, such as disposable gloves, aprons, and shoe covers. The stocks were kept at the office and staff told us that they had no problems accessing them. This ensured people and staff were protected from the risk of cross infections.

### Learning lessons when things go wrong

- The registered manager recorded, reviewed and drew lessons from incidents and accidents. This ensured that there was a culture of learning and making improvements to the service.

# 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.

Good: 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 detailed assessment of people's support needs was provided before they started using the service. These were written with the involvement of people and their families where appropriate. This helped staff to understand people's needs, develop care plans and match suitable staff to meet their needs.

Staff support: induction, training, skills and experience

- People and relatives felt staff were trained, skilled and experienced. One person said, "[Staff] all seem to have had good training." A relative told us, "[Staff] understood [the person's needs] and provided the right care. [Staff] has experience."
- New staff received the service's staff handbook and completed an induction programme before they could work on their own. The induction programme included a period of shadowing a more experienced member of staff and the completion of essential training such as moving and handling, infection control and safeguarding. During their induction, staff who were new to care service completed the Care Certificate. The Care Certificate includes a set of standards that care staff should abide by in their daily working life when providing care and support to people.
- Staff received support and training to meet people's needs. A member of staff told us, "I do like working for the service because I get a lot of support and training. I had attended training in epilepsy, learning difficulty and children and adult safeguarding." Another member of staff said, "We always get text messages advising us to put our names for training. I like the service."
- Staff told us and records confirmed that staff received regular supervision and appraisal of their development and performance. A member of staff told us they found their supervision helpful.

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

- People's nutritional needs were assessed before they started using the service which ensured that staff knew any allergies identified or dietary preferences people had to meet their needs. People could choose their own meals but, where required, staff provided them with support that met their needs.

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

- The service worked with other agencies including social care professionals to ensure people received effective care that met their needs and preferences. Changes in people's needs were shared with professionals, when needed, and appropriate adjustments were made to their care packages.

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

- People's health needs and medical conditions were documented in their files. Staff told us that they would contact emergency services or GPs if they were concerned about people's health.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff received training about the MCA. They knew what to do if they were concerned someone they supported may lack capacity to decide about an issue. They knew that decisions that needed to be made in people's best interest should be undertaken with the involvement people's relatives, and healthcare and social care professionals.
- Staff told us and records showed that they asked for people's agreement before supporting them with personal care and other tasks. People confirmed that they were involved in decisions about their care.

Adapting service, design, decoration to meet people's needs

- People's mobility needs were assessed and suitable equipment was used to ensure people received safe care.
- Where people's needs had changed, staff had liaised with health and social care professionals to ensure people's needs were assessed and suitable adaptations were made to the environment.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- Staff were caring, compassionate and respectful to people. One person said, "[staff] make me feel comfortable, I can relax [with them]." A relative told us, "[Staff] always ask me about [person using the service] and how [the person] is and [their] care generally." A third relative said, "[Staff] are good [to person] and sensitive to me too."
- Staff had received training in equality and diversity and knew that that each person was an individual who had the right to receive care and support that met their needs. A member of staff said, "We do not discriminate, everyone is the same regardless of differences in age, sex and culture."

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

- People told us that staff listened to them and supported them to express their views about their care. One person said staff asked them about their care. Care reviews we looked at confirmed this.
- The service had developed links with health and social care professionals. Staff were also aware of the advocacy service available to people but none of the people were using the service at the time of our visit. The registered manager told us that they would advocate on people's behalf so their voices could be heard.
- People were given information about the service in the form of a service user guide. This ensured that people and their relatives had information about the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. A member of staff told us that they were always mindful of people's privacy when they supported them with personal care. Another member of staff told us, "I shut blinds and doors, and cover parts of body not washed [to ensure privacy]."
- Staff promoted people's independence. A member of staff explained how they always encouraged people to do as much as possible for themselves. This helped people gain confidence and achieve skills for independence.

# Is the service responsive?

## Our findings

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

Good: 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

- The service provided personalised care that met people's needs. One person said, "They know what to do [to meet my needs]. They know when I am getting ill and understand my [health condition]". A relative told us, "[Staff] are happy for me to train them, they have to learn to deal with [person's needs]."
- Each person had a care plan based on their assessments of needs. The plans detailed the care and support people needed and the allocated time to provide care. The plans provided guidance for staff to help them understand people's preferences and how they liked their support to be provided. For example, one person's care plan stated their communication needs and provided guidance for staff how to interact with them effectively.
- People's interests, likes, dislikes and preferences were outlined in their care plans. This ensured that staff knew people well to meet their needs.
- People spoke positively about their experiences of using the service. One person told us that the service was much better than the one they had used before. They said, "Compared to other agencies, we just feel so relieved, and I recommend [the service] always."

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint. There was a complaints' policy which described the procedures of recording, investigating and responding to complaints. The service had received compliments. One of the compliments stated, "We are so happy with the continuing excellent care that is being provided... Sustaining [person's] longevity, comfort and wellbeing has been only achieved by [person's] having the level of care [person] had and we cannot say thank you enough for this."
- Staff understood the Accessible Information Standard. This standard sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Information was available in a range of formats when this was needed. People's communication needs were identified, assessed and recorded in their care plans and staff told us how they recognised the body language or signs people might use to communicate.

End of life care and support

- People were supported and enabled to choose the kind of care they wanted at the end of their lives.
- Staff worked with people and palliative care professionals to ensure people's needs were met.

# 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

Good: 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

- At the last inspection on 29, November 2017, we found the provider was in a breach of regulation and we them to take action to make improvements to quality assurance and governance systems, and this action has been completed.

- The service had a positive enabling culture focussed on person centred care and achieving the best outcomes people. Records and discussions with staff confirmed how staff encouraged and promoted independence.

- People and relatives were positive about the management of the service. One person said, "The Agency seems very well organised." Another person told us that they were satisfied with the service and they could contact staff if they had a problem.

- There was an open and transparent culture within the service. Staff told us the registered manager was available if they needed support and they were happy working for the service.

- The registered manager understood the responsibilities of their role including what they were required to notify CQC about. a member of staff told us, "The registered manager is passionate about the service."

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

- The service had a clear management structure. The registered manager was supported by three deputy managers, a branch manager and other administration staff.

- Staff understood their roles. They were aware of the policies and procedures they needed to follow, and the information they needed to share with the service.

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

- The quality of the service was checked through care coordinators' regular monitoring visits to people, telephone calls to people and quarterly survey questionnaires. People told us and records confirmed that the visits and telephone calls had taken place and people had given feedback through survey questionnaires.

- People and their relatives knew the managers well and told us managers frequently rang or visited and asked them how they felt about the service.

Continuous learning and improving care

- Feedback from people was analysed and the findings were used to identify areas that required improvement.
- The registered manager attended meetings with the local authority and care related forums to share best practice and improve people's care experiences.

#### Working in partnership with others

- The registered manager liaised with health and social care professionals and ensured changes to people's care needs were reported and met.
- A social care professional told us the service worked well with them in addressing concerns and improving the service to meet people's needs.