

H.O.P.E. Superjobs Limited

H O P E Superjobs Limited - 1B Balfour Road

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 2 June 2015 and was announced. The registered manager was given one day's notice of the inspection. At the last inspection in November 2013 we found the service met the regulations inspected at the time.

The HOPE Superjobs agency is registered to provide personal care to children and people living in their own homes in the community. People received support in line

with their assessed personal care needs. The service was providing care to 157 children and 70 adults whose support hours varied from one to four calls a day, with some children and people requiring two members of staff at each call.

People and families of children supported by the agency told us they felt safe when staff were assisting them and/

Summary of findings

or their relative with their care. Staff had received training in how to keep people safe and demonstrated a good understanding of what constituted abuse and how to report any concerns.

Systems were in place to manage risks to people and staff. Staff had written guidance about specific health conditions and how to reduce risks when they supported children and people. We found that improvements were needed to ensure safe administration and recording of medicines.

There were sufficient numbers of staff employed to make sure people's needs were met. Staff had regular schedules so that people received care from a consistent staff group.

People were protected by robust recruitment procedures and new staff had induction training, which included shadowing experienced staff, until they were competent to work on their own.

People told us they were very happy with the service being provided. Staff knew people's individual needs and how to meet them. Staff received core training and specialist training, so they had the skills and knowledge to meet people's needs. They fully understood their roles and responsibilities as well as the values of the service.

Staff were caring and treated people with dignity and respect. People said that the staff were kind and polite. They told us that the staff arrived on time and stayed the duration of their call.

People were involved in the assessment and the planning of their care. They were confident that staff provided personalised care and knew their routines well.

People told us that their care plans had been reviewed when senior staff visited them and any relevant changes were made when required. Staff said the communication between the staff and the office made sure that they were up to date with people's changing needs.

People and staff were supported by an out of hours on call system. Staff told us that this was always responsive and any queries raised were sorted out promptly.

People were aware of how to complain and felt confident to do so. They had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been positive.

There were systems in place to monitor the safety and quality of the service being provided.

Summary of findings

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. Risk assessments were in place. Guidance to show staff how to manage specific health conditions was in place.

We found that improvements were needed to ensure safe administration and recording of medicines.

Safeguarding procedures were in place. Staff were knowledgeable about what actions to take if abuse was suspected.

Good



Is the service effective?

The service was effective. Staff were trained and supported to provide effective care to children and people who used the service.

The service were aware of children and people's religious, dietary and cultural needs and provided support in a way which met these needs.

Staff kept relatives informed of people's changing health needs. They supported them to access healthcare professionals, such as GPs and community nurses when needed.

Good



Is the service caring?

The service was caring. The parents of children who were supported by this service told us staff were reliable and caring.

People told us they were treated with kindness and staff respected their privacy and dignity.

Care plans were personalised with people's choices and preferences. People and their relatives were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive to people's needs. Staff were knowledgeable about people's needs.

Staff communicated with relevant health and social care professionals to make sure people received the right care to support any change in their needs.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to raise complaints.

Good



Is the service well-led?

The service was well-led. The registered manager of the service completed a number of checks to ensure they were providing a good quality service.

People were able to give their feedback or make suggestions about how to improve the service, through the reviews of their care and completing annual questionnaires.

The staff felt supported and had a clear understanding of their roles and what their responsibilities were.

Good



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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.

The inspection of H.O.P.E. Super jobs Limited took place on 2 June 2015 and was announced. We told the provider one day before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. Two inspectors undertook the inspection at the site. An expert by experience conducted telephone interviews. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service.

During our inspection we went to the provider's head office and spoke to the provider/manager, two deputy managers and five support workers, reviewed the care records of eight people who used the service, reviewed the records for seven staff and records relating to the management of the service. These included training records, documents relating to the provision of the service and policies and procedures. After the inspection visit we undertook phone calls to ten people and their relatives.

We asked the local authority contracts department for their views of the service. They informed us that they carried out regular reviews and monitored the service to ensure that standards were met.

Is the service safe?

Our findings

The service was safe. People told us that they felt safe with the staff coming into their home. They told us, “Yes I feel safe with them” and “We feel safe, I’m happy with the staff”. Comments from relatives of the children who used the service included, “I do feel safe with the care staff in my home. The carer is really nice and good with my son”, and “Staff support me safely and I can leave her alone with my son. I can do what I’ve got to do in the house and I trust her with him definitely.”

Risks to people and staff were assessed before the service began. Risk assessments and risk management plans were available for staff so that they were aware of how to support children with conditions such as dysphagia (difficulty swallowing) and percutaneous endoscopic gastronomy PEG feeding (receiving nutrition via a tube in the stomach). Reviews of risk assessments were recorded. This meant that relevant risks had been identified and there was sufficient information recorded about how the risks should be managed.

Staff did not administer medicines to children. Families of the children supported by the service were responsible for the administration of medicines to them. We saw that most people were responsible for managing their own medicines. However, staff prompted some people to take their medicines where necessary and in some instances were responsible for administering medicines.

Staff had undertaken training in the management of medicines and were aware of their responsibilities when supporting or prompting people with their medicines. However, we found that they recorded medicines administered to people in daily records and not on specific medicine administration records (MAR). We found that improvements were needed to ensure safe administration and recording of medicines.

We saw that other risk assessments included making sure the equipment and environment were safe. Senior staff carried out periodic checks to assess if sufficient systems were in place to keep people safe. Staff completed health and safety training and said any concerns would be reported immediately to the person using the service, their relatives and to managers. Risk assessments described how any hazards people faced had been minimised to keep

them safe. For example, when people needed help with moving and handling, the service ensured that a range of equipment such as hoists or sliding sheets were in place before the service began. Records indicated what people could do for themselves and any support they needed from staff to reduce risks they faced. People had been involved in decisions about how risks were managed. Strategies were also in place to prevent skin deterioration and staff knew people's skin condition had to be checked daily. Relatives confirmed that if staff noticed any changes in people's skin integrity they told them straight away. Managers confirmed that health professionals and people's relatives were contacted if a person's health condition changed.

Staff supporting children and people had completed training in safeguarding adults and children. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable about how to recognise signs of potential abuse and the relevant reporting procedures. They told us about their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff could clearly explain how they would recognise and report abuse. Staff were confident that managers would take appropriate action in response to the concerns.

Staff recruitment records showed that appropriate pre-employment checks were completed before they started working for the agency. For example, a Disclosure and Barring Service (DBS) check was completed and two references were sought. A DBS check allows employers to check whether the applicant has any criminal convictions that may prevent them from working with people who needed support. This meant that people received support from staff who were of good character.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of children and people using the service and their needs. Staff and relatives did not raise any concerns with us about staffing levels and told us that two staff would be sent out to a person's home if required by the care plan and risk assessment. People confirmed to us that if two staff were required they would always come at the same time. If staff were unable to attend an appointment they informed the manager in advance and cover was arranged so that people received the support they required.

Is the service effective?

Our findings

The service was effective. People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. We saw the following comment in the customer satisfaction survey which was conducted by the service in Nov 2014, "Takes very good care of my daughter, very competent and efficient." Relatives told us "The staff turn up on time and I would describe them as very good workers. I feel they have the skills and knowledge to support me and my family."

Newly appointed staff confirmed they had completed an induction program and shadowed an experienced staff member before being allowed to work alone. People told us new staff usually worked with existing staff until they had learned their routines.

A senior care worker regularly observed their practice, for example, personal care and moving and handling, in order to check their competency to carry out these tasks. Staff confirmed that they received specific training in order to meet people's individual needs. For example, epilepsy management, autism awareness, infection control and tissue viability, dementia awareness and end-of-life care. This was in addition to training considered mandatory by the provider such as safeguarding vulnerable adults and moving and handling. Where issues were identified these were addressed in individual meetings with the staff member's line managers. Additional retraining was arranged when needed to make sure that staff were fully competent to carry out tasks and effectively meet people's needs. Staff performing specific tasks for children fed via PEG or received individualised care had completed specialist training delivered by health professionals, in order to ensure they were competent to carry out these tasks.

Staff were aware of Mental Capacity Act (MCA) 2005 but had not received training in this subject. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. When people were assessed as not having the capacity to make a decision, a best interest decision was held involving relatives and other professionals, where relevant. The registered manager told us that no one was subject to an order of the Court of Protection and that each person had the capacity to make their own decisions, although sometimes people chose to be supported by family

members. People said they were routinely asked for their consent at each call. People had also signed their care plan to confirm their consent to their care and support. People said staff offered them choices, such as what they wanted for lunch or what clothes to wear. The registered manager informed us that future training in the subject had been planned in 2015.

Staff confirmed that they received regular supervision (one to one discussions with a senior person) and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training needs. It also gave them an opportunity to discuss any issues or concerns about the children and people they supported.

Staff were matched to the children and people they supported according to the needs of the person, ensuring that communication, cultural and religious needs were met. For example, people or children whose families were unable to speak English, received support from staff who were able to speak and understand their language as well as their traditions and religious observance. The registered manager enquired about people's interests and hobbies during the assessment, so that staff from similar backgrounds were allocated to them when possible.

People were supported at meal times to access food and drink of their choice. Generally staff were required to reheat and ensure meals were given to people. Staff had received training in basic food safety and preparation and were aware of safe food handling practices. Staff confirmed that before they left the person they ensured that they were comfortable and had access to food and drink.

The service did not take the primary responsibility for ensuring that people's healthcare needs were addressed. However, staff had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. When staff had more immediate concerns about a person's health they called for an ambulance to support the person. People and their relatives told us that most of their healthcare appointments and health care needs were coordinated by themselves or with their relatives.

Is the service caring?

Our findings

The service was caring. People told us they liked the staff who supported them and that they were treated with warmth and kindness. They told us that staff were polite and courteous. People said that when they had the same staff helping them they got to know their likes, dislikes and routines. A relative told us, “She knows all about my son’s physical needs and knows if he is distressed or happy. She knows him really well. My son can’t speak but he makes noises. We know every different noise that he makes.”

People told us they usually had the same care workers and communication between them was good. However, three people told us that in the past, they had experienced a number of new staff which disrupted their routines as they got used to each other. This was now dealt with by the manager by allocating staff to local geographical areas, recruiting and training new staff to avoid having to redeploy them constantly. This meant that people received care from staff they were familiar with and who provided consistency of care.

There were policies, procedures and training in place to give staff guidance about treating people with privacy and

dignity. People told us that they were always given choices and that they were treated with dignity and respect. A person told us, “They are very respectful, they know how to help me.” Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering them.

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. A person told us, “I have a care plan, they do what I want them to. If I get someone new I tell them what to do.” Relatives confirmed that care plans were in place. We saw that care plans guided staff about people's preferences and how they liked to be supported.

Staff had received guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

The service was responsive. People told us that the service was responsive to their needs. They said that whenever they needed extra support they talked with the office who responded and acted on what they said, for example extended visits when required due to change in need. The following comment was included in the service's compliments folder, "We are very happy with the care services provided by HOPE Superjobs."

People received personalised care that met their needs. The care plans we looked at contained information from the local authority and a pre-admission assessment to identify and discuss people's and children's needs before they began to use the service. People were involved in the assessment and planning of their care. Individualised care plans were based on these assessments and provided information to staff about how people wanted to receive their care and support. Records showed that people were asked about their background and preferences. People's language, religious and cultural beliefs were recorded in their care plans and were considered when delivering care. Appropriate staff from similar backgrounds, who spoke specific languages and understood people's cultural needs, were deployed when needed.

The care plans included details about all aspects of care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members. People and their relatives said they were given information about the service and knew what to expect in terms of support visits. Staff told us they read the care

plans and checked with people about how they wished to be supported. Relatives told us that staff responded to their needs when and worked flexibly in order to meet their needs. For example, if they had appointments to attend. They said, "If I have an appointment, they change things as I want", and "I phoned to change the time at the last minute and there were no problems at all".

Care records reminded staff to monitor people's health and wellbeing, for example, their mobility, health issues and skin condition. Any concerns were raised with senior staff and managers at the office so they could monitor changes. The registered manager said they worked closely with social and health care professionals to make sure the children and people stayed well and their independence was maintained. People confirmed they were involved in reviews of their care and any changes in their needs were reflected in the care records.

We also saw that, where staff had raised concerns about changes in a person's needs action was taken by the manager. They told us that they contacted the local authority to ask them to review the person's needs and agree the change. Staff told us that they were always updated verbally of a change in a person's needs .

People who used the service and their relatives were aware of the complaint procedure and felt able to ring the office to speak to the manager if they had any concerns. They told us that they felt listened to and the manager always "put things right". The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation.

Is the service well-led?

Our findings

The service was well-led. People were satisfied with the service. They were positive about the management of the agency. A relative told us, “The service is well managed. If staff can’t make it they will let me know.” Another comment was, “We haven’t had a review for a while but someone does call us to ask if we are happy with the care or if there are any changes and something extra we want.” They said that the office telephoned when staff were running late or if a different person was visiting they were given their name. They found this very helpful.

There was a clear management structure at the service which included the provider who was also the registered manager for the service, and two service managers. They each had responsibility for adult services and children’s services respectively. Senior staff members were available for support and guidance. Staff were fully aware of their role and the purpose of the service they delivered.

The registered manager worked in the office on a day to day basis and was available for people or staff to speak with. They were an established team that supported staff to ensure the service was run effectively and people received the individual care they needed.

The agency had a number of quality monitoring systems including yearly surveys for people who used the service, their relatives and other stakeholders. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took

their views into account in order to improve service delivery. We saw that the registered manager valued feedback from everyone involved in the service and included staff, and this information was used to improve the service, for example a GPS system was introduced so that the service were aware of staff whereabouts to enable them to respond speedily in the event of an emergency or lateness. These systems also included regular spot checks by senior supervisors and any learning from accidents and incidents in order to improve the service.

Staff were fully aware of their role and the purpose of the service they delivered. They told us that the children and people who used the service were always their priority and that they must treat them with dignity and respect. They were positive about the management, the support and advice they received from them. One staff member told us, “I understand my role and I feel supported by them.” There were regular staff meetings at times which were suitable for them to attend. We saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience.

Most of the people told us positive things about the service. Their comments included, “To be honest with you once I’ve got the carer at home, I’m happy. I don’t really hear much from the agency unless it is for the six monthly reviews.”, and “I haven’t needed to make a complaint. I just ring the agency if I’ve got any problems and then it’s sorted out efficiently”.