

Hope Care Support Limited

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Inspection report

Business & Technology Centre
Bessemer Drive
Stevenage
Hertfordshire
SG1 2DX

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Tel: 01438310000

Website: www.hopecaresupport.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hope Care Support is a domiciliary care service providing personal care and support to two people at the time of the inspection.

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.

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

The provider did not have an effective system to monitor and assess the quality and safety of the service people received. Record keeping in areas such as recruitment, care planning, risk management, staff support, and supervision was not robust and did not support the delivery of safe and effective care. There was no clear and effective process for consulting people and relatives about changes to care.

The provider had not undertaken all the required checks to support safe recruitment of staff. The provider did not have a robust staff training programme to ensure all staff new to care completed training to the required standard. The provider did not ensure that staff were skilled and competent to undertake their role safely and effectively.

People's care plans did not include sufficient detail about their needs and choices to ensure staff had the guidance to deliver consistent person-centred care. Staff knew about risks to people's safety and wellbeing. However, information about risks to people was not always available to guide staff should they need to rely on this.

People were 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. The provider had a complaints and compliments policy, people had a copy of the policy in their homes to access if needed. The service did not support people with end of life needs currently.

Staff used personal protective equipment (PPE) and undertook regular testing for COVID-19 in line with government guidance. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events. Care workers undertook some tasks above and beyond the basic care commissioned.

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 06 March 2018 and this is the first inspection.

Why we inspected

This inspection was carried out to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to staff recruitment processes, staff support, supervision and training arrangements and the lack of management oversight, quality assurance processes and poor record keeping at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hope Care Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This meant the provider was solely responsible for how the service is run and for the quality and safety of the care provided.

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 would be in the office to support the inspection.

Inspection activity started on 25 May 2021 and ended on 03 June 2021. We visited the office location on 03 June 2021.

What we did before inspection

We reviewed information we had received about the service since initial registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with a person who used the service and a relative about their experience of the care provided. We spoke with a company director, the manager and received feedback from three care workers.

We reviewed a range of records. This included care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. Records relating to the management and oversight of the service, were not available to inspect.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for 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.

Staffing and recruitment

- Recruitment procedures were not robust. Applicants full employment history had not been obtained so that any gaps could be explored. For one care worker references had not been requested from the most recent employer. For a second worker references were generic and not role specific. References had not been validated to confirm they were genuine. Copies of identity documents such as birth certificates and passports had not been signed and dated to indicate when the original had been seen and by whom.
- We requested a copy of the provider's recruitment policy; however, the manager and a company director present at the inspection were not able to locate the policy.

The provider had failed to establish and operate an effective recruitment process to help ensure persons employed for the purposes of carrying on a regulated activity are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was small and supported two people with personal care at the time of this inspection. Four care workers were employed to provide people's care with additional support available from the manager to cover where needed. A care worker told us, "We have enough staff to manage the care calls effectively." However, people and their relatives were not always confident there were enough care workers available to meet people's care needs. For example, a relative was informed the provider did not have care workers available for a few days over an extended weekend period. The relative said whilst they appreciated the call to let them know of the situation, they found this very poor.
- In this instance no-one was harmed however, this highlighted the provider's lack of contingency planning in the event of unplanned staff absences.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help protect people from the risk of harm or abuse. Care worker responses varied about how they would report any concerns. One said they would report to the manager whereas others demonstrated an understanding about reporting to the local authority safeguarding team.
- The manager understood their responsibilities to safeguard people from abuse. However, they acknowledged that care workers who were in the process of completing the Care Certificate had received some safeguarding training but others had not.
- A relative told us they were not always confident care workers promoted people's safety in their homes. An example was given where a key safe was installed to support care workers to gain access to a person's

home. The relative found occasions where the key safe had been left open on the code and also times where the front door had not been locked after the care worker had left the house.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and a care package was developed to help remove or reduce the risks. Risk assessments would benefit from a person-centred approach as many of the questions were of a tick box nature or bullet point with little narrative to explain in detail how to support people safely and consistently. The manager advised they had identified that this was an area for improvement and undertook to review the care plans and risk assessments as a priority.
- The manager helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for sickness or other such events.

Using medicines safely

- Care workers had received training to support them to administer people's medicines safely. A company director reported they had checked care workers' competency to safely administer medicines however, this was not recorded.
- Care workers supported some people with administering their medicines and just prompted others to take theirs as needed. Care workers told us they received training to administer medicines if this was needed as part of the care package. One said they had not received this training because the person they supported did not have any prescription medicines. However, it is a concern should the person become unwell and have medication prescribed, because their allocated care worker had not received this basic core training.

Learning lessons when things go wrong

- The manager was new in post at the time of this inspection. Prior to the manager starting with Hope Care Support Limited there had been no clear oversight of the business and no governance systems in place to identify shortfalls.
- The manager had identified a theme of concern where ad hoc care workers deployed at short notice had resulted in people's dissatisfaction. To address this the provider had made recruitment an ongoing part of their business continuity strategy using various platforms to advertise and to recruit care workers.

Preventing and controlling infection

- People were protected from the risk of infection because care workers had been trained in infection control and followed the current national infection prevention and control guidance. People told us that care workers wore face masks, aprons and gloves during each care visit.
- Care workers told us they were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control. One care worker told us, "We have been supplied with ample stocks of PPE. We wear gloves, masks and aprons. I have had training on how to dispose of PPE."

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

- Care workers had received training in areas considered by the provider to be mandatory. The manager advised these included safeguarding, moving and handling, fire safety and the Mental Capacity Act. A care worker told us, "I completed my Care Certificate practical with my manager and further training has recently been provided."
- Care workers told us they had not received supervision and competency observations to help confirm they had the skills and knowledge to perform their job roles. The company director and the manager confirmed there was no assessment of the effectiveness of training to ensure staff competency. They acknowledged this was an area for improvement. A care worker said, "I have not had any unannounced spot check at the present moment but believe this will happen in the future post COVID-19." A senior care worker told us they undertook spot checks and supervisions however, there were no records available to confirm this.
- A company director told us they personally introduced new care workers to the people who used the service and ensured that their knowledge and skills were appropriate to meet the person's needs. However, there were no records available to evidence this.

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

- People's needs were assessed before they started to use the service. Assessments included people's support needs and their individual preferences. These assessments were intended to form the basis of people's care plans and risk assessments. However, we found the assessments and resulting care plans lacked the detail necessary to support person centred, effective and consistent care. The management team told us they would improve the care plans and risk assessments to ensure they reflected the individual.

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

- Care workers supported people with meal preparation. However, a relative felt microwave meals daily for a person did not meet the agreed care package. The care package included some housework, assisting the person with washing or dressing and prepare an evening meal whilst encouraging them to join in. The relative said care workers encouraging the person to help prepare food would be a healthier option and increase social interaction.
- People's care plans did not include clear detail about people's dietary needs and requirements. This meant care workers did not have the information they needed to support people with these.

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

- Hope Care Support Limited had not had occasion to work with external professionals for the benefit of people who used the service therefore, this key line of enquiry has not been assessed at this inspection.

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 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 had been asked for their consent to be supported in line with their individual care plans and risk assessments.
- Care workers had received training in the Mental Capacity Act as part of a training needs package. However, their understanding of how to put this into practice had not been assessed.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's care plans were limited and did not evidence they were consulted about changes to their care. The management team undertook to ensure this was documented going forward.
- People who used the service were not able to share their views with us about their privacy, dignity and independence. A relative told us how care workers had actively encouraged a person who had been reluctant to receive personal care, however had ultimately respected the person's decision.
- A relative told us they were always involved in any day to day decisions about their family member's care. However, they felt that care workers did not always encourage a person to maximise their independence. The relative told us, "I think to date the care workers are trustworthy people, I just feel that there is a lack of compassion and consideration at times."

Ensuring people are well treated and supported; respecting equality and diversity

- Care workers had developed an understanding of the people they supported. They took time to get to know people's individual likes and dislikes and incorporated these into their care. The provider explained how they explored people's individual needs and preferences in many aspects of their lives during the assessment process prior to care delivery starting. The provider told us these included areas such as people's cultural backgrounds, religion and lifestyle, physical and social needs and gender care preferences. However, the outcome of this assessment had not been recorded so we could not assess the effectiveness of the provider's process.
- A relative praised a care manager for contacting them when it appeared a person's current care package was not meeting their needs. The relative said care workers had found different approaches to encouraging the person to receive personal care. It was also raised that the person was no longer taking their medication correctly. The care routine was amended so that care workers administered the medication to help ensure the person received it as prescribed.
- Care workers undertook some tasks above and beyond the basic care commissioned. For example, picking up shopping items for people if they ran out prior to their expected delivery dates and collecting prescriptions when there were delays with chemist deliveries. A care worker supported a person to access their COVID-19 vaccination, another care worker spent time with a person to teach them how to use a DVD player so they could enjoy their collection of DVDs.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans lacked detail and personalisation regarding people's preferences, likes and dislikes. Care workers had learned people's needs and preferences through their experience of working with them. However this was not always recorded to help ensure consistency of care for people.
- People and relatives were not always satisfied that care delivery met people's needs. For example, a relative told us care workers did not always stay the allotted amount of time with the person which meant the person was not having the individual interaction assessed as necessary to meet their needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy; people had a copy of the policy in their homes to access if needed.
- The provider had a log of complaints received since February 2021. The manager advised they had developed this log as a result of our request for information for inspection because there had not been any records maintained previously. This meant that the provider had not previously considered the content of complaints received as part of their oversight of the service.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team told us they had not had the need to make information available in different formats yet but said they would do so should the need arise.

Supporting people to develop and maintain relationships to avoid social isolation

- Care workers supported people to maintain contact with friends and families. For example, offering to dial phone numbers for people with limited dexterity in their hands or holding the phone closer to them whilst they spoke. People and relatives found this a comfort when they had not been able to visit in person due to national restrictions.

End of life care and support

- The service did not support people with end of life needs at this time. The management team advised appropriate training would be accessed should the need arise.

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

- The service did not have a registered manager in post at the time of this inspection. An application had been submitted and was awaiting approval at the time of writing this report.
- At the time of this inspection the provider did not operate any formal quality assurance systems or processes to demonstrate how they monitored the quality of care being provided. A company director and the manager confirmed there were no systems in place to monitor the quality of care plans, risk assessments, accidents, incidents, safeguarding, medicines, training and competency or recruitment. We found breaches of the regulations which had not been identified by the provider.
- A member of the management team told us they had an overview of the service because they had previously provided hands on care to people in their own homes. However, there were no records to demonstrate if this was effective or how this helped to identify potential areas which required improvement.
- The provider used an electronic care planning system which had been recently introduced. The system enabled care workers to see the 'tasks' for each person's care call. However, a company director was not able to access the system to share a care plan with us when we visited the office. The manager did not have access to the electronic care plan system. This meant they had no oversight of what care people were expecting and when.
- There were no records in relation to care worker support arrangements. A member of the management team told us they had regularly worked alongside the team and considered that to be support. However, as nothing was recorded, we could not establish when this happened, the frequency or what observations were made.

The provider was unable to demonstrate they understood the importance of keeping records that could be reviewed and validated. There were no quality assurance systems in place to monitor the overall quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 manager had a clear understanding about the duty of candour and demonstrated openness and honesty during this inspection process.
- Whilst there were no quality assurance processes and significant shortfalls in record keeping this had not had a negative impact on the safety people who used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider gauged people's feedback on the running of the service through face to face discussion during care visits. However, these were not recorded or evidenced.
- Care workers told us, "We do not have regular meetings; information is shared with us via telephone." The manager advised they had plans to have team meetings but at the time of the inspection this had not been implemented.
- The service supported just two people. We were not able to gain feedback from external professionals regarding the care and support of these individuals.

Continuous learning and improving care

- The lack of internal quality monitoring systems meant that the provider was not aware when people's experiences of care fell below their expectations. However, when people had stated they were not satisfied with the care delivered by some temporary care workers appropriate action had been taken to review the provider's strategy on recruitment and retention.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and operate an effective recruitment process to help ensure persons employed for the purposes of carrying on a regulated activity are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was unable to demonstrate they understood the importance of keeping records that could be reviewed and validated. There were no quality assurance systems in place to monitor the overall quality and safety of the service.</p>