

Your Hope Care Limited

# Your Hope Care Ltd

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Your Hope Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Services are for older adults, some of whom are living with dementia. At the time of the inspection, four people received personal care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- The provider had not ensured CQC were notified of all matters, which they are required by law to do. However, they rectified this shortly after the inspection.
- People and their relatives told us they felt safe with the service and staff. One person's relative said, "I really hit gold when I found them." Staff had training in safeguarding and knew how to raise any concerns.
- People and their relatives knew how to raise any concerns and were confident to do so.
- People, their relatives and staff had good relationships. People were treated with kindness and compassion. One person's relative told us, "It's pretty good, we have a laugh three times a day. Same people every day. Very good, would highly recommend it."
- People's privacy and dignity was promoted and their independence encouraged.
- Staff knew people well and provided personalised care. The culture of the service was positive and person centred.
- People's needs were assessed and planned for before they started using the service. People's needs and any risks were regularly assessed and reviewed.
- Staff were trained and supervised to ensure people received the right support.
- People received their care visits at the right time and staff provided the right support.
- People were supported to access healthcare services and staff advocated for them when needed.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection: The service registered with the Care Quality Commission on 20 March 2018 and this was their first inspection.

Why we inspected: This was a planned comprehensive inspection, following the registration of the location.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those service rated Good.

## 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 Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Your Hope Care Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one inspector.

#### The service is required to have a registered manager:

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager and the provider were the same person.

#### Service and service type:

Your Hope Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom were living with dementia. It was providing personal care to four people at the time of the inspection.

Not everyone using Your Hope Care Ltd received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

#### Notice of inspection:

We gave the service two days' notice of the inspection visit. This was because it is small and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in.

Inspection site visit activity started and ended on 20 March 2019. We visited the office location on 20 March 2019 to see the manager and to review care records and policies and procedures.

What we did:

Before the inspection:

- We used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We looked at information we held about the service including notifications they had made to us about important events. Notifications are information about important events the service is required to send us by law.
- We spoke with one health and social care professional.

During the inspection:

- We spoke with one person receiving support, three relatives of people receiving support, the registered manager and two staff.
- We inspected four people's care records, four staff recruitment files, records of accidents, incidents and complaints and other records relating to the running 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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe with the service provided.
- People and staff told us about a charter of rights they were given when they started using the service. This document reminded people of their right to freedom from abuse or neglect.
- Staff knew how to report any concerns about safeguarding and knew how to raise any whistleblowing concerns. Staff understood the need to report any concerns about people or when things went wrong. One member of staff said, "I have the phone, call the manager and explain the situation. Fill in the form about what I witnessed or noticed or was told. The manager will take from there on."
- Staff were trained in safeguarding for and were supported by a policy.
- No accidents or incidents had happened since the service was registered. There were documents to record any accidents or incidents when they happened.

Assessing risk, safety monitoring and management

- Risks to people were considered and assessed. Staff had training in supporting people with moving and handling and sought specialist advice from relevant professionals when needed. For example, one person was discharged from hospital and their needs had changed. A health and social care professional was involved with the person and with the staff team to ensure the person had the right equipment and support to meet their current needs.
- Risks about people's skin were considered and planned for. For example, one person had an area of skin which was prone to damage. Staff were aware of this and support documents included directions of the support the person needed.
- The provider had considered how to continue to provide care in the event of bad weather and staff sickness. They had made arrangements with another local domiciliary agency about which areas their staff could safely support, for example in the event of snow, to ensure people received the support they needed.

Staffing and recruitment

- People told us there were enough staff to ensure their care visits were on time, and lasted for the right amount of time. One person said, "There is enough time, and she fills up the time. An honest day's work." Another person's relative said, "They let me know straight away. They ring every time if there is a delay."
- Staff told us there were enough staff so they could provide the right support to people and to travel between care visits. Rotas confirmed this, showing which staff were working each day.
- Safe recruitment practices were followed. These included seeking references, proof of identity and

Disclosure and Barring Service checks before potential members of staff started working.

### Using medicines safely

- Staff were not supporting anyone with managing their medicines at the time of the inspection.
- Staff had training in supporting people with medicines and their competency to give people their medicines had been assessed by the provider. This included confirming the member of staff's understanding and competence with the safe administration, records, storage and disposal of medicines. There was a medicines policy available to staff to inform their practice.
- Staff had previously supported one person with opening their medicines. Records of this were viewed and showed appropriate support from staff.

### Preventing and controlling infection

- People and their relatives told us staff managed the prevention and control of infection well. One person's relative said, "They use wet wipes and spray. They always make sure they've plenty of materials to work with."
- Staff had training in infection control. A member of staff told us about the importance of washing hands and wearing protective clothing to prevent the spread of infection. They said, "To make sure you protect you and the client."

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before staff provided support. This assessment included what kind of support the person was looking for, their health needs and any other information about their care needs. One person's relative told us, "[Registered manager] came and talked through what we needed. It is in line with the support now."
- People's needs were reassessed as things changed. For example, one person had recently changed from two visits a day to one, due to their increased independence.

Staff support: induction, training, skills and experience

- People and their relatives were confident in the staff that supported them. One person's relative said, "They are very, very competent."
- Staff new to the service were supported with an induction. This was planned over four weeks and included training, shadowing experienced staff, this included the registered manager, and being shadowed by the registered manager. A member of staff said, "It set me up for starting to work for the company."
- Staff were supported with training and supervision. Training included health and safety, dementia and first aid. Staff told us they found supervision useful. One member of staff said, "It's very useful in a sense that gets you used to what you are allowed to do."
- The registered manager was currently undertaking a diploma in leadership in health and social care.

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

- People told us they were supported to prepare meals and drinks, as required, and their preferences were respected. One person said, "She asks me what I want for breakfast."
- Staff had training in food safety.

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

- Staff liaised with healthcare professionals on behalf of people when appropriate. For example, one person was supported by the community nursing team as well as staff from the service. Staff advocated for the person about the number of nurses visiting the person, to ensure that the person could be supported comfortably and safely.
- One person's relative said, "If she looks poorly, they aren't frightened to ring the surgery. Quite good if I need them to chase up the surgery. Like one time at lunchtime I told them I couldn't get a doctor to visit her,

they got a senior doctor there by the tea call."

- People's care plans included information on people's long-term health conditions and any health professionals involved with the person.

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.
- We checked whether the service was working within the principles of the MCA, which they were. People were involved in decisions about their care and staff had training in MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

- Staff were kind and caring. One person's relative told us, "They are always gentle and having a joke and a conversation." Another person's relative said, "She chats and is very comforting. Always jolly."
- People and their relatives told us they never felt rushed and they had good relationships with staff. One person's relative said, "They are absolutely super. Always very positive and we've build up a good relationship."
- People told us they were supported emotionally. One person said, "A lot of compassion. I recently got upset and [staff] gave me a cuddle and told me not to get upset and reminded me all will go away."
- Staff knew and understood people's religious beliefs. Staff's religious beliefs and practices were also supported by the registered manager who ensured that care visits were planned to allow staff to practice their faith.
- People and staff told us about a charter of rights they were given when they started using the service. For example, the right to be heard and the responsibility to say what I am thinking and feeling. This document reminded people of what they could expect from the service.

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

- People and their relatives, where appropriate, were involved with decisions about their day to day care. People were given information about their right to have an advocate or representative if they needed.
- Staff understood the need for people to make decisions about their care. One member of staff said, "We get trained on it from the beginning. They make their own choices," and, "I ask them how they like things done." Another member of staff told us how they offered a person a choice of tops to wear, bringing all three options to the person, so they could see and touch them to make their choice.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us how they protected people's privacy. One member of staff said, "When I go to them, I knock on their room. If giving someone a wash I make sure they are covered at all times to keep their privacy. Curtains and windows and doors closed. Make sure the person is comfortable."
- Care plans included guidance on how to support the person's dignity and include their emotional and physical wellbeing. For example, one person became tired easily. Their care plan guided staff not to rush the person due to this. The person's relative told us, "They've never hurried him or anything. They say, well he needs the time."

- People's independence was promoted and people were encouraged to maintain the skills they had. For example, when moving people were encouraged to move themselves when possible and safe to do this. One person's relative said, "They get her to help herself turnover."
- Staff understood the need to protect people's confidentiality. A member of staff described, "A person will tell me something, I do not share."

# Is the service responsive?

## Our findings

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

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

- People received personalised care. One person's relative told us staff knew the person well. They said, "They're reliable and I can trust them. I feel they are interested in [person]'s case and concerned. They're always smiley and not grumbly and are encouraging to him."
- The registered manager described how they encouraged staff to go beyond the requirements of a person's care plan. For example, posting letters for people, picking up milk on the way to a care visit or unloading shopping for a person.
- Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
- People's communication needs were assessed and planned for. For example, one person used a hearing aid. This was reflected in their care plan. Staff were aware of this and had raised concerns with the person's relative when it appeared the hearing aid was not working.
- Care visits were planned around people's wishes and availability. For example, one person went to a coffee morning twice a week, so their morning care visits on those days took place earlier to ensure the person was ready.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain, if needed. They told us they could discuss any issues they needed to. One person's relative said, "They've not put a foot wrong. I could talk to [registered manager]." Another person's relative told us, "I wouldn't feel I need to in any way. There is a very good relationship between all of us."
- Information on how to raise a complaint was included in the service user guide given to people when they started using the service.

End of life care and support

- The service had supported one person at the end of their life. The person's relative had written to the registered manager to express their thanks for the service provided during the last days or the person's life.
- Staff told us about supporting the person and their relatives at the end of their life and working with other professional, such as palliative nurses.
- Staff told us the registered manager was supportive to them emotionally. One member of staff said, "The manager is always there to call or go in the office. She's quite supportive."

- No one receiving support from staff at the time of the inspection was receiving end of life care. Information about people's resuscitation wishes was available in people's care files in their homes, as relevant.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Notifications had not always been made to us when things had happened. One person had died and we had not been notified. When this was brought to the attention of the registered manager they submitted a notification to us to rectify their mistake.
- There were not many quality assurance systems. As the service currently only provided care to a small number of people and the registered manager remained involved in care visits. They had maintained an oversight of the service. The registered manager acknowledged this will need to be expanded if the service grows. They had considered working with an outside professional to quality check the service
- The registered manager understood their responsibility to notify us of safeguarding, serious injuries, or when there were changes to the location or the running of the service.
- Staff understood their roles and responsibilities. Policies and procedures were available on an application through staff's mobile phones. This meant they could have access to the information they needed, when and where they needed it. The registered manager explained the application would alert staff when a policy had been updated.
- Staff told us they felt well supported by the registered manager. One member of staff said, "She's brilliant. Normally when I come and tell her any concerns, she does it straight away. If I need help she comes straight away. She loves what she is doing. She says carers and clients first."
- The registered manager regularly spot-checked care visits. This meant they would attend a visit or shortly after and review how the visit went. Staff told us they received feedback following spot checks. One member of staff said, "You get feedback and discuss what went right or not. Can talk about anything you feel wasn't fairly marked."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was positive and person-centred culture. One member of staff said, "There is a genuine wish to make a difference in the community. Provide something to make a difference in somebody's life." They gave us an example of finding out people had been given the wrong equipment, calling and getting it changed. Another said, "We all love what we do."
- People and their relatives were confident in the registered manager and staff team. One person's relative told us, "They have a rule book of what we expect and they expect. I don't need to worry about what is happening tomorrow." About the registered manager they said, "I think it's the friendliness, I'm totally

relaxed and confident that she does the right thing and properly. You can trust her." Another person's relative said, "I consider I've been very lucky to find them and have been recommending them to friends."

- The registered manager provided people with a service user guide to explain what they could expect from staff and the service. This included information on the service's fundamental values of trust, respect and quality of life.
- The registered manager understood their responsibilities under duty of candour. They said, "Accept if in the wrong, apologise and do better next time."

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

- People and their families had been involved through surveys in January 2019 and regular reviews.
- People's feedback through surveys was positive. Where there were any areas for improvement highlighted these were listened to and acted upon. For example, one person had feedback about staff not wearing uniforms. The provider discussed with the member of staff, who had been wearing a coat over their uniform. The provider spoke to all staff to ensure they understood the importance of wearing their uniforms.
- Staff had regular meetings with the provider. These were used to discuss policies, people and their support and other information relating to the running of the service.

Working in partnership with others

- Staff worked in partnership with other agencies. We spoke with one health and social care professional who supported people leaving hospital to find the right support at home. They told us, "I would describe [registered manager] as extremely reactive, once the family/patient has chosen this provider they will come to the hospital, usually on the same day to assess the patients and on many occasions, have been able to start the package of care same day. They will feedback to us and the Occupational Therapists if they feel there are any other aids the patient needs. They will also provide updates to us as to how the care is going."