

New Hope Community Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

New Hope Community Healthcare is a domiciliary care agency supporting people with the regulated activity of personal care, in their own homes. At the time of the inspection the service was supporting two people and a third who occasionally used the service.

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

There were key aspects of this service which were positive, but there were also some shortfalls.

There was a lack of systems to promote people's safety in relation to injuries and accidents. There were shortfalls with how staff training was provided and how staff competencies were checked by the registered manager. Risk assessments and reviews of care were not always complete. Effective plans had not always been made to respond to the risks which some people faced. There was a lack of checks by the registered manager and provider to assess the quality of the service they were providing. These shortfalls had the potential to place people at risk of harm.

People spoke well of the registered manager and staff who cared for them. People and a person's relative told us staff supported them in ways they wanted and at times of the day they had chosen. The registered manager had listened to what people wanted staff to do for them.

People told us staff were kind and respectful of them, their wishes, and their homes. People felt safe in the company of the care staff.

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; but the systems in the service did not always support this practice.

Staff felt well supported by the registered manager, who they said was always available to assist them if something went wrong. Staff had regular supervisions and meetings. There was a positive culture at the service.

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 10 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified a breach in relation to the governance and leadership of the service, this is about a lack of systems and quality monitoring checks completed by the registered manager and provider.

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

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	Requires Improvement ●
Is the service effective? The service was not always effective.	Requires Improvement ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

New Hope Community Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was completed 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 11 March 2022 and ended on 23 March 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the records we hold about the service. We used this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with the registered manager and electronic file sharing to enable us to review documentation. The inspection started on 11 March and ended on 23 March 2022.

We reviewed the care documents; daily notes, medication records, care plans and risk assessments of three people who used the service. We spoke with two people, a person's relative and to two members of staff and the registered manager. We also reviewed staff recruitment checks, training records, policies and emergency plans.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There were no systems in place to respond to a person if they had a potential injury such as a bruise. This could be a potential sign of abuse or indicator a person needed some more support. There was no known incident. However, there was no system which was shared with staff to ensure these incidents were documented and investigated to see if the person was safe and needed help.
- Staff knew what the signs of potential abuse could be. However, some staff did not know they could report concerns to the local authority and to us. This is important to promote people's safety. The registered manager said they would revisit this aspect of the training with staff.
- When we asked one person's relative if they thought their relative was safe they said, "Oh yes, my [named of loved one] trusts them [staff]."

Assessing risk, safety monitoring and management

- People did not always have complete risk assessments, which identified and explored all the risks which they faced. Staff did not have clear and thorough care plans to guide them about how certain risks should be managed.
- Staff knew the key risks which people faced and what to do.
- The registered manager said they would review these assessments and care plans.

Using medicines safely

- People had a medicine administration chart in place, which staff completed when supporting people to take their medicines.
- These documents had no administration gaps and were recorded in full.

Staffing and recruitment

- We found there was enough staff to support people in a safe way.
- The registered manager was completing employment checks to promote people's safety when they were around staff. This included up to date Disclosure and Barring Service (DBS) checks.
- The registered manager obtained references, but they were not evidencing they had verified these. The registered manager said they would record this check in future.

Learning lessons when things go wrong

- The registered manager who is also the provider did not have input from a management team or peers to review systems and actions being taken. This has hampered the opportunity for lessons to be learnt. The

registered manager was looking at ways to resolve this issue.

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

- There were shortfalls in how staff were trained and supported to be effective in their work.
- As part of staff induction staff received a day's training covering 18 important topics. There was no timely follow up training or recorded checks by the registered manager to see if staff had understood this training. When we asked staff to tell us about this training, staff were unable to recall what they had learnt and what was good about this training.
- Training was not always provided in areas relevant to the individuals staff supported.
- The registered manager was providing regular supervisions and team meetings for staff. They also worked alongside staff when inducting them into their new role.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- When an individual was considered to not always have capacity, this was identified by the registered manager. But they had not documented how they had reached this conclusion and what actions should be taken as a result of this. We found this did not have a negative impact on this person, but the registered manager was not following the principles of the MCA regarding this. They told us they would revise this person's assessment and record this in future.
- Some people had made legal arrangements for named individuals to be consulted with if they lacked capacity in the future. But their records did not clearly explain these individuals should only be contacted if these people lacked capacity. The registered manager said they would review this persons records and make these changes.
- Staff spoke about how they encouraged people to make decisions about their daily care needs and how

they were led by what people wanted them to do.

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

- One person had a specialist need with their eating and drinking. Their care plan, risk assessment, and reviews did not explain this risk, what advice professionals had given, and how this need was to be managed by staff. Staff told us how they managed this risk to support this person to eat in a safe way. There was however a potential risk this need would not be met in a safe way as the records staff used were not clear.
- The registered manager said they would review this person's record to reflect the actions taken and clearly direct staff about how to meet this need.
- People were offered a choice of different meals and drinks. People spoke well of the food staff prepared for them. Their records stated what meals and snacks they liked to have.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had assessments in place which identified their key health needs and how they wanted their care.
- The registered manager told us how they had involved professionals to respond to changes in a person's mental health needs.
- People and their relatives were confident staff would alert a GP or call 999, if they were unwell.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke well of the staff and the registered manager. We were told staff and the registered manager were caring and they enjoyed their company.
- One relative said, "Oh [Staff] go above and beyond to help us." One person said, "I'm very impressed, [staff] are very caring...It's nice to know there are nice people out there."
- Staff were able to tell us what was important to the people they supported.

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

- One person said, "[Staff] cook what I want to eat."
- Staff told us how they encouraged people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- When we asked whether staff respected people and their homes one relative said, "Oh yes, [staff] are very respectful...they would be out of the door sharpish if they weren't." Another person said, "Very much so, very respectful."
- Staff and a person's relative told us how they supported a person to maintain their independence about their home.
- Staff and a person also told us about what the registered manager had done to support this person to make practical plans to be more independent when they go out.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- One person said, "They listen to me, they do a good job, we have such a laugh." Another person's relative told us how staff do what their loved one wants.
- People were introduced to the staff during their inductions with the registered manager to help to get to know each other.
- Care visits were at times people wanted and with staff they were happy to care for them and come into their home.
- The registered manager spent time working out the particulars of what people wanted staff to do for them and put this into practice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place. These guided staff on what they must do to promote clear communication.
- When speaking with staff they were able to tell us what they did to ensure they had understood what people were asking of them.

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

- People had requested staff supported them to follow their interests.
- The registered manager had identified what people's interests were and how staff were to support them to enjoy these. There was a focus on supporting people with their mental health and well-being in people's care plans. Staff also told us how they did this.
- A relative told us, how they often heard staff chatting to their relative as they came back from being out. They were confident staff were supporting their loved one in this important part of their life.

End of life care and support

- End of life care had been considered in people's initial assessments to ensure relatives were involved and had made plans with this aspect of people's lives.

- The registered manager produced an end of life planning tool to support this conversation and make plans with people if they wished to receive care from their staff at this time in their lives.

Improving care quality in response to complaints or concerns

- There was a complaints process and policy in place. One person told us they had raised an issue with the registered manager about an aspect of their care. They told us what the registered manager had done to resolve this for them.
- Other people felt if they had a complaint, they would address it with the registered manager, and they were confident the registered manager would take action to correct it.

Is the service well-led?

Our findings

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

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

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

- The registered manager and provider were not always clear about their role in terms of quality monitoring and knowing the regulatory requirements.
- Risk assessments and care plans were not capturing all the risks people faced and what staff should do to manage these. There were no systems to respond and prompt the responding of accidents and times when people may have come to harm. This placed people at potential risk of harm.
- There was a lack of quality monitoring taking place to ensure staff training was effective and timely. Thorough competency checks were not being completed and recorded to check this training had been effective and people were safe.
- There were shortfalls with end of life planning, assessing mental capacity, and reviewing people's care in a meaningful way.
- The registered manager and provider had not established systems and ways to promote feedback and constructive criticism of the service provided. This included robust auditing from competent person(s).

Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. There was a lack of governance of the quality of the care provided. We found no one had come to harm as a result of these issues, however this was a potential risk to people. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they received person-centred care from staff and the registered manager.
- We were given examples from the registered manager, staff and people, how people were supported to promote their mental and emotional well-being.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and transparent when an error was made.
- There was a complaints policy in place and system to manage a complaint. However, there were shortfalls with how this system would work in practice now. It referred to new staff roles which were not in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager spoke with people to check they were happy with the service they received, although, this was not recorded and there were no other ways to provide feedback. But the registered manager showed us questionnaires they were intending to send to people and their relatives.
- The registered manager told us how they had worked with mental health professionals to support and advocate for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. There was a lack of robust quality monitoring from the registered person.