

B-Hope and Care Services Ltd

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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 ●

Summary of findings

Overall summary

About the service: B-Hope and Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults, including people living with dementia and people with a physical disability. Not everyone using this service receives 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. At the time of our inspection there were six people using the service.

What life is like for people using this service:

- People were kept safe by staff who understood how to safeguard people from the risk of abuse and manage risks associated with their care and support. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to meet their needs and ensure the risk of harm was minimised.
- Staff were safely recruited and had completed relevant training to give them the skills and knowledge they needed to meet people's needs.
- People were supported to have sufficient amounts to eat and drink to stay healthy. Staff supported people to access the healthcare they needed to maintain their well-being.
- People were supported to have maximum 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.
- Staff were described as kind, caring and often went the 'extra mile' to enhance people's quality of life. Staff were respectful of people and their homes and understood how to up-hold people's right to dignity and privacy.
- People and those important to them were at the centre of the assessment and care planning process. People were supported to express their wishes and preferences in how they wanted their care to be provided and this supported staff to deliver personalised care.
- People, relatives and staff had confidence in the leadership of the service and felt involved and consulted in the service. They were supported to share their views and these were used to drive improvements in the service.
- The provider had systems in place to monitor the quality of the service to ensure people received good care.

Rating at last inspection: This is the first inspection of the service since they registered with the Care Quality Commission.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the quality of the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, 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 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 well-led.

Details are in our Well-Led findings below.

Good ●

B-Hope and Care Services 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

B-Hope and Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older and younger adults, people with physical disabilities, sensory impairment and people who are living with dementia.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Inspection activity started on 4 February 2019 when we made telephone calls to people and their relatives. It ended on 5 February 2019 when we visited the office location to see the manager, meet staff and review records. We also visited two people in their own homes on 5 February 2019.

When planning our inspection, we looked at the information we held about the service. This included any notifications received from the provider about significant events which they are required to tell us about by law. The provider had not been sent a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to discuss this during our inspection.

During the inspection we spoke with two people who used the service and three relatives. We also met with the registered manager, who was also the provider, the general manager and four care staff. We reviewed care records for two people, including their care plans to ensure the care provided reflected their needs. We also looked at records in relation to the management of the service including three staff recruitment and training records and quality assurance systems and processes.

Is the service safe?

Our findings

Safe - this means 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:

- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.
- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination.
- Staff had received training in how to safeguard adults.
- Staff recruitment processes were in place which helped to ensure staff were suitable to provide care and support. These included checks of previous employment, identification and criminal records checks through the Disclosure and Barring Service (DBS).

Assessing risk, safety monitoring and management:

- People and relatives told us they felt safe with the service. One relative told us, "[Name of registered manager] makes sure proper staff are supporting [Name of family member]. They are competent, professional and qualified. They know what they are doing and this makes [Name] feel safe."
- Risks people faced had been identified, assessed and measures put in place to reduce the risk where possible. The risk assessments in place were detailed and explained how staff should support people safely.
- Risk assessments covered risks associated with people's emotional and physical health and those associated with their environment. Staff demonstrated a good understanding of the measures they needed to take to keep people safe.
- The registered manager regularly reviewed risk assessments to ensure they were up to date.
- Staff had received training in supporting people in an emergency, such as fire, and carried personal alarms to ensure they, and the person they were providing care to, were safe.

Staffing and recruitment:

- People and relatives told us they were supported by the number of staff required to meet their assessed needs. They told us staff were reliable and had not experienced any missed or significantly late calls.
- Where more than one staff member was allocated to a visit, staff did not begin to provide care until all staff had arrived for the visit.

Using medicines safely:

- People received their medicines safely and as prescribed.
- People's care plans included details of the support people needed to take their medicines, if people had consented to this support and details of their current prescribed medicines.
- Daily records were maintained by staff showing when people had received support to take their medicines.
- Where people were prescribed topical medicines, such as creams, there was no written guidance to advise staff on the correct area of application. Staff we spoke with were aware of the correct area because they had

been verbally advised by relatives.

- The registered manager told us they would ensure this information was included in people's medicine records.
- Staff had received training in how to manage and administer medicines.

Preventing and controlling infection:

- People's care plans advised staff on actions they needed to take to protect people from the risk of infection. For example, when supporting people with personal care and how and where to dispose of clinical waste.
- Staff told us and we saw they were provided with supplies of personal protective equipment, such as gloves and apron. We observed staff wore these when supporting people and these were changed between tasks.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection.

Learning lessons when things go wrong:

- The provider had processes in place to analyse and review incidents and accidents in the service and ensure lessons were learnt.
- People and relatives were consulted and involved in the review of incidents. Relatives gave examples where the registered manager had supported them to access appropriate healthcare services for their family member. This had resulted in assessments and actions by healthcare professionals which had helped to reduce the risk of further incidents.

Is the service effective?

Our findings

Effective - this means 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 prior to them using the service to ensure the care provided met their needs and wishes.
- One relative told us, "We were asked lots of questions about how we wanted the care to be provided. This helped to identify suitable staff who had the skills and knowledge to support [Name]."
- Assessments were used to develop care plans and guidance for staff. Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs.

Staff skills, knowledge and experience:

- Staff told us they had completed extensive training relevant to their role which gave them the skills and knowledge they needed. Staff training records confirmed this.
- One staff member told us, "The training is really good. There are lots of sections to complete as part of induction and further development training. For example, you cannot administer medicines until you have completed the training and [Name of registered manager] has observed you and assessed you as being competent."
- Staff induction was based on the Care Certificate; a set of nationally recognised induction standards and values for care and support staff.
- People and relatives told us staff were well trained as they demonstrated they knew what they were doing which gave people confidence in their abilities.
- Staff told us they felt supported by the registered manager who was available for support and guidance when required.
- The registered manager did not keep a record of formal supervisions with staff. They told us they would implement this following our inspection.

Supporting people to eat and drink enough with choice in a balanced diet:

- People's care plans included the support they needed to ensure they had sufficient amounts to eat and drink.
- Where people were at risk of poor nutrition, guidance was included in their care plan. For example, one person required a soft diet to reduce the risk of choking.
- Staff demonstrated they were aware of this guidance.
- We saw staff supported people to have enough to eat and drink in line with their likes and dislikes.
- Staff ensured drinks were available between visits and these were within easy reach for people.

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

- People and relatives told us staff were proactive in providing support to enable people to manage their

health conditions.

- One relative described the actions staff had taken in a medical emergency, and how this had resulted in better care for their family member.
- A second relative described how staff supported them to manage their family member's health and well-being, by providing timely information when there was a noted change in their behaviour or routines. This enabled the relative to seek appropriate healthcare and helped to avoid potential crisis for their family member.
- People's care plans included guidance for staff from health professionals about their health conditions, such as diabetes, mental health and pressure wounds.
- This helped to ensure staff were aware of signs and symptoms associated with these health conditions and advised them on actions to take in the event of changes in people's well-being.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority, through the Court of Protection.
- People were receiving care and treatment in line with law and guidance.
- People's mental capacity to make decisions or choices was assessed before they began to use the service and kept under review.
- Where relatives supported people to make choices and decisions about their care, the registered manager ensured that appropriate applications had been made in line with legal requirements.
- We observed staff sought consent before providing care and support, enabling people to make choices and decisions.
- Staff told us and we saw they respected people's right to decline their care.

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 were well treated and supported:

- People told us staff were kind, caring and often went the 'extra mile' to help them.
- People and relatives told us staff were respectful of them and their home.
- One person told us, "They are always respectful to me and in my home. I have the same team of carers. I don't always remember their names but I do know their faces."
- A relative told us, "The care staff are fabulous. They are patient and take their time to communicate with [Name of family member]. They understand [Name's] needs and provide care that is empathetic to [Name]."
- Staff told us they had the time they needed to meet people's needs and were encouraged to spend time talking with people which helped to build positive relationships.

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

- People, and those important to them, were consulted about how they wanted their care to be provided.
- Care plans included details of people's life history, wishes and preferences.
- This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
- Staff were committed to supporting people's specific requests. For example, people were supported by staff from similar cultural backgrounds, which helped to ensure cultural and religious needs were understood, respected and adhered to.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us staff provided care in a dignified and respectful manner.
- Staff demonstrated a good understanding of protecting people's dignity and right to privacy. For example, closing doors and keeping people covered whilst supporting people with personal care.
- The registered manager ensured people's information was stored securely and only shared with people's consent.
- People were supported to do as much as possible for themselves.
- People's care plans included details of their abilities and we saw staff followed these plan, only providing support where it was needed.

Is the service responsive?

Our findings

Responsive - this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care:

- Care plans included people's life history, significant events, their wishes and preferences included routines that were important to people.
- One person's care plan included details of specific personal care routines that staff needed to follow once a week to support the person to observe the requirement of their religion.
- A second's person's care plan detailed a significant life event that had resulted in the person experiencing a decline in their wellbeing. Records guided staff to ensure they were aware of this and how they could provide additional support.
- People and those important to them were involved and consulted throughout every stage of care planning. This information helped staff to provide personalised care.
- We found one care plan did not include the detailed information provided to us by staff to support personalised care.
- The registered manager told us they would review all care plans to ensure detailed written information was available.
- Care plans were kept under regular review by the registered manager to ensure the care provided continued to meet people's needs.
- Some people required specific communication, either in a language other than English or using a non-verbal communication method.
- The registered manager ensured people were supported by staff who were able to communicate in their preferred method. This helped to ensure people were able to receive and share information.
- The registered manager had not yet developed a policy to demonstrate how they met the Accessible Information Standard, which came into force in August 2016. They told us they would implement this following our inspection.

Improving care quality in response to complaints or concerns:

- The provider ensured people and their relatives had access to a complaints procedure that detailed how they could raise concerns, and how these would be managed.
- People and relatives told us they felt able to raise concerns and were confident that complaints would be listened to and resolved.
- At the time of our inspection, the service had not received any complaints.

End of life care and support:

- People were supported to discuss their end of life wishes as part of care planning.
- The registered manager told us they were in the process of supporting a person and their family to ensure their needs and wishes were recorded, and arrangements were in place, following a recent decline in the person's health.

- The service worked in partnership with other agencies to ensure people received the care they needed.

Is the service well-led?

Our findings

Well- Led - this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People and staff spoke positively about the leadership of the service
- People and relative comments included, "Staff provide exceptional care, they are all excellent. [Name of registered manager] ensures the job is done properly," and "I am really pleased with the service. All staff go the extra mile."
- The registered manager knew people well and were in regular contact with people, their relatives and staff.
- The registered manager was passionate about the quality of service that people received and had strong values based on providing person centred care. These values were shared by staff who we spoke with.
- The registered manager worked openly and honestly with people, in line with their Duty of Candour, providing examples where they were open about the level of needs they were able to meet and restrictions in geographical areas and staffing.

Managers and staff are clear about their roles, and understand quality performance, risks and regularly requirements:

- The registered manager undertook quality audits and spot checks which helped to monitor the quality of the service and used these to drive improvements in the service.
- The registered manager was supported by a general manager who was also involved in the day-to-day service provision.
- This simple management structure ensured effective communication between people, staff and managers.
- The registered manager demonstrated they were aware of the regulatory requirements, including the requirement for them to notify CQC of significant events and incidents in the service.
- Staff understood their roles and responsibilities and felt confident in seeking advice and guidance from staff if they needed to.
- The registered manager had ensured appropriate contingency arrangements were in place to ensure minimal service disruption in the event of unplanned emergencies.

Engaging and involving people using the service, the public and staff:

- The registered manager regularly engaged with people, relatives and staff to gain their views on the service.
- Feedback was obtained from face to face meetings, informal discussions and visits, over the telephone and through meetings. This information was used to develop the service provision.
- Staff told us they were confident to make any suggestions for improving people's care through regular discussions with the registered manager and through the company chat service. This provided a secure means of sharing information.

- Staff told us they felt valued and respected by the registered manager.
- One staff member told us, "This is a really good company to work for as [Registered manager] values us as people and staff members. They are clear on the people they want to work in the service, they won't take just anybody. They have to share the values about putting people first."

Continuous learning and improving care:

- The registered manager, who was also the registered provider, displayed a commitment to improving care where possible.
- This was based on achieving the best possible outcomes for people.
- The general manager had been accredited with an award for acting as a positive ambassador for care services.
- They worked with other educational agencies and care forums to develop people's knowledge about care and support with a view to attracting people to the care sector and address current recruitment challenges.
- The registered manager was clear on how they wanted to develop the service.
- The registered manager had learnt from experiences in providing the service. They provided examples, such as the challenge of managing conflict amongst staff and staff expectations in terms of working hours.
- They had used these experiences to ensure a clear recruitment framework was in place to improve staff recruitment and retention.

Working in partnership with others:

- The provider was working in partnership with other agencies, such as care forums and the education sector to improve staff recruitment and retention within the care sector
- Records showed staff worked in partnership with relatives and health and social care agencies to ensure people received care that met their needs.