

Precious Hope Health & Home Care Ltd

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Precious Hope and Home Care Ltd is a domiciliary care agency providing support, including personal care. The service provides support to people living in their own homes in the community. At the time of our inspection there were 163 people receiving personal care.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right support: People told us they were safe with the staff who supported them. Staff were recruited to the service safely. 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.

Right care: Care plans did not always contain sufficient information about people's health needs. People's medicines were managed safely. Staff were trained and understood how to support people to stay safe from harm or abuse. Staff worked in partnership with health professionals to ensure people received the right care and support.

Right culture: Audit systems required further improvement. Systems were in place to monitor the quality of the service people received. Most people and their relatives spoke positively about the service and would recommend them. Staff spoke positively about the support they received from the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider remained in breach of regulation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Precious Hope and Home Care Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to governance systems to monitor the service at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Precious Hope and Home 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. 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors on site. A further inspector provided remote support and made calls to staff, as part of the inspection. Two Experts by Experience made calls to people who use the service and their family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people who use the service and 10 family members to share their experiences of care received. We also spoke with 13 staff members including the registered manager, service manager, care coordinator, 1 team leader, 5 senior care workers and 4 care workers.

We reviewed a range of records. This included 16 care records, 6 staff files in relation to recruitment and supervision, and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not always provide safe care and treatment to people using the service. Risks were poorly managed; staff were not always aware of their responsibilities to keep people safe and medicines were not always managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvement was required.

- At the last inspection risks associated with people's care were not always identified and recorded. We found at this inspection whilst improvements had been made to care plans and risk assessments, they did not always provide clear and detailed instruction to staff on how to provide safe care and support. For example, where people lived with diabetes, there was limited guidance for staff to enable them to recognise potential risks and signs of deterioration. While care plan guidance for this was not clear, staff were aware of people's needs. After the inspection, the registered manager improved this guidance for staff.
- The provider completed environmental risk assessments for care workers working in people's homes to ensure that the environment was safe for both care workers and people. For example, those risk assessments covered, fire and trip hazards, as well as risks associated with people's pets.
- At the last inspection medicine administration record (MAR) charts were not always in place. At this inspection medicines were well managed. People had MAR charts and 'as required' guidelines in place for staff to safely support them with their medicines. There were regular medicine audits completed by the service and spot checks were also carried out. These were completed to ensure errors or concerns were identified and addressed appropriately.
- People using the service were supported by trained care workers to receive their medicines safely as prescribed. Staff had received medication training and their competencies were reviewed to make sure they were safe to administer medicines. One person told us, "The carers make sure I take my medication. They always watch me take it."
- At the previous inspection staff did not always understand abuse, and the forms which it can take. At this inspection we found staff had completed safeguarding training so they could recognise when people were at risk of abuse and how to respond to help ensure people remained safe. A staff member told us if they thought someone was at risk of abuse they would report this immediately to the relevant agencies.
- People felt safe receiving care and support from staff. One person told us, "I feel safe just having them

there I feel there trustworthy." Another person said, "I feel safe with them here with me and we sit on the sofa and have a chat."

Preventing and controlling infection

- Staff used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons. One person told us, "All the carers are good with PPE and always good with hygiene matters."
- Staff received training in infection prevention and control. This supported good practice in reducing the risk of any spread of infection.

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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- We observed where appropriate mental capacity assessments had been carried out to determine the person's level of understanding and their ability to make a decision.

Staffing and recruitment

- Staff were safely recruited. We reviewed staff recruitment files and found appropriate checks such as Disclosure and Barring Service (DBS) and risk assessments had been completed prior to staff starting. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff we spoke with were generally positive about staffing levels at the service. One staff member told us, "At the moment we are fairly well staffed."
- Most people and their relatives told us staff were punctual. Support visits were monitored electronically and nobody we spoke with reported a missed visit. One person said, "They [carers] are mainly on time, if they are going to be late they let me know." A relative told us, "They always turn up and if they are running late for whatever reason we always get a call to let us know."

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents. They were reviewed regularly by the management team for themes and trends.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the systems and processes to review care records and oversight of staff recruitment and the use of medicines was not effective. Systems and processes were also lacking for reviewing and monitoring call times. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality checks to ensure care plans were accurate were not always effective. Audits were completed but had failed to identify gaps in information for staff to refer to. Where risks were recorded, information for staff to use as a point of reference were not consistently recorded or updated to ensure staff had the information they needed to provide safe care and support.
- During inspection we identified 3 people did not have diabetes care plans in place. Whilst there was reference to the person having diabetes, there was no guidance for staff to follow on diabetes care and the potential risks. We also found staff did not have guidance to support people with epilepsy. This meant care plans could not be relied upon as an accurate record of people's care.

The systems and processes to review care records was not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our feedback during and following the inspection to make improvements to people's care plans.
- Whilst significant improvements had been made to other quality assurance processes to ensure they identified areas of improvement required at the service these needed to be embedded and sustained. Regular audits of care call monitoring, medicine records and complaints were completed.
- Staff told us they felt supported by the management team. One staff member said, "They [management] ask me what they can do to make things easier for me, this makes me comfortable to work with such good management."

- The provider sought feedback from people and those important to them and used the feedback to develop the service. This included telephone monitoring calls and surveys. One person told us, "I get calls checking everything is ok and that we are happy." Records demonstrated the provider had analysed the results from the recent survey, and where issues were raised, action was taken.
- Most people and their relatives told us they were happy with the service and support provided and would recommend them. Their comments included "I would definitely recommend this company. They are looking after my relative well which is the most important thing to me", "Their staff go over and above what I was expecting them to do" and "I am very pleased with the care I am receiving."

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.

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

- The provider held regular team meetings with care workers. Staff were also invited to complete satisfaction surveys. For example, when some staff had voiced challenges associated with travel time between people's homes, the registered manager then implemented ways to improve travel time for staff.
- Staff received support through regular individual supervision with a senior member of staff. Supervision was an opportunity to share information and discuss any support or development needs. One staff member told us, "They [supervisions] are useful. I learn a lot and its more comforting to know that they want to know what's happening to you, you spend long hours at work so it's very comforting to know that they want to know how you are and how you're doing."

Continuous learning and improving care

- The management team had a positive attitude towards learning to improve care. Staff at the service had their own messaging group where they had a daily topic discussion to enable continuous learning and ask any questions. One staff member told us, "The messaging group is very useful, they are very informative."

Working in partnership with others

- The management team worked closely with other professionals to ensure people were supported with their health and social care needs. Where people required it, staff sought healthcare advice and support for them from external professionals such as GP's and the local authority. This helped to ensure people's changing needs were fully met.
- The registered manager was receptive to feedback when we discussed the inspection findings.

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 The systems and processes to review care records was not effective.