

Safe Hands Care & Support Services Limited

Safe Hands Care & Support Services

Inspection report

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26 November 2019

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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:

Safe Hands Care and Support Services is domiciliary care service based in Levenshulme, Manchester and provides care and support to people living in their own homes. At the time of our inspection there were 60 people using the service.

People's experience of using this service:

People told us they felt safe using the service and staff displayed good knowledge about how to protect people from the risk of harm. People told us they received their medicines as prescribed and staff were also recruited safely, with appropriate checks carried out when their employment commenced.

There were enough staff to care for people safely, with staff and people using the service telling us current staffing arrangements were sufficient and their rotas were well managed. Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

People received the support they needed to eat and drink. Staff told us they were happy with the level of training, support and supervision available to support them in their roles.

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.

People said they felt treated with dignity and respect and staff promoted their independence as required.

Complaints were handled appropriately and a number of compliments were also made about the service.

Audits and quality assurance systems were in place to monitor the quality of service and there were opportunities for staff to express their views at regular team meetings. Spot checks and competency assessments of staff carrying out their work were completed.

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

Rating at last inspection:

This last inspection was in September 2018 (published November 2018) and the overall rating was requires improvement.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for Requires Improvement rated services which is approximately 12 months from the publication date of the last report.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Good rated services, however 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 ●

Safe Hands Care & Support Services

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience and knowledge of care services. Their role was to speak with people who used the service and their relatives to obtain feedback about the care being provided.

Service and service type:

Safe Hands Care and Support Services is a 'domiciliary care service' It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means 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 carried out this inspection on 25 and 26 November 2019.

The inspection was announced on 22 November 2019 to ensure the inspection could be facilitated by the registered manager at the location office.

What we did:

Prior to the inspection we reviewed information and evidence we already held about this service, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We contacted various local authorities for feedback about the service in advance of our inspection.

The first day of the inspection consisted of speaking with people who used the service and their families about the care and support they received. The second day of the inspection was spent at the main office reviewing records such as care plans, staff files, supervision/appraisal records, complaints and quality assurance documentation.

During the inspection we spoke with the registered manager, nominated individual, operations manager, five care staff, nine people who used the service and seven relatives. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Documentation reviewed included six care plans, three staff personnel files, six medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Using medicines safely:

- There were enough staff to care for and support people who used the service. Staff said their rotas were well managed, organised and had sufficient travel between each care visit. People said staff usually arrived on time, however they would appreciate being informed if staff were running late. We provided this feedback to the registered manager.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.
- People told us they received their medicines safely. We looked at six medication administration records which were all completed accurately with no missing signatures. Staff had received medication training and had their competency assessed by management to ensure medicines were given safely.
- One relative said, "Important medications are taken twice daily and [person]always gets them." A person using the service added, "They get my medication ready for me and I have them on time."

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- Each person using the service had risk assessments in place covering areas such the home environment, fire safety, moving and handling, medication, mobility and infection control. Where any risks were identified, there were details about how to keep people safe.
- People were protected from the risks of the spread of infections. Staff confirmed equipment such as gloves and aprons were available in sufficient quantities and people confirmed these were always worn when personal care was being provided. One person said, "They gave me a shower this morning and their gloves are on all the time."

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt the service was safe. One person said, "Yes, I would say that I am safe." Another person added, "I feel safe today because I know who is coming to deliver my care."
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A log of safeguarding incidents was maintained, along with any alerts that had been made to the local authority.
- A safeguarding policy and procedure was in place and provided information about how to escalate concerns.

Learning lessons when things go wrong:

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with

details recorded about actions taken to prevent re-occurrences.

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.

At the last inspection this key question was rated as Requires Improvement, although had now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training regarding MCA.
- People's capacity was monitored and people's decision-making capabilities were recorded in their care plan. The registered manager told us this would be kept under review if people's circumstances changed.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- A training matrix was used which showed the different courses staff had completed. Some courses needed to be updated and the registered manager provided confirmation plans were in place to ensure these were completed as soon as possible.
- Staff spoke positively of the training provided and said enough was available to support them in their roles.
- Staff supervisions and appraisals were carried out and gave staff the opportunity to discuss their work and receive feedback about their performance.

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

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within care plans.

- When a package of care commenced, staff carried out an assessment of each person to ensure they were able to meet their needs.
- People told us they were involved in this process and were able to contribute towards the support they received and express their views.

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

- Staff provided people with the support they needed to eat and drink. This usually involved staff assisting people with food and drink preparation, or leaving them something to eat for later in the day.
- People's care plans provided details about their nutritional needs and the support staff were required to provide.

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

- People who used the service told us staff had at times, assisted them to healthcare appointments, if they were unable to attend on their own.
- Hospital passports were completed for each person and provided an overview of people's health needs if they ever needed to go into hospital.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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:

- People who used the service spoke positively about the standard of care provided and said staff treated them well. Comments from people included, "The two staff that come to me are excellent", "I'm satisfied with their care and the service I receive" and "They are so good. They are like my daughters we get on so well."
- Feedback from family members and relatives was also positive. Comments included, "The staff are very kind to dad.", "The staff are kind and caring" and "We feel as though we are part of their family."

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

- People who used the service and relatives told us staff always treated them well and they were never made to feel uncomfortable or embarrassed. One relative said, "Yes, that is one thing, they always put a towel around [person] when they are providing assistance," Another relative said, "I think they respect privacy."
- Staff were aware of how to promote people's independence and we saw people's care plans took into account things people were able to do for themselves without staff support.
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan. This included their daily routines and things staff needed to be aware of.
- Where people had made specific requests to be cared for by staff from different ethnic backgrounds, this was facilitated for them as part of their care package.

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

- People who used the service said they felt involved in the support they received and were able to contribute where necessary and this was usually done as part of the review process. One person said, "We do get to discuss things with them."
- Questionnaires were also sent, seeking people's views and opinions about the service they received. The results were analysed, so feedback could be used to improve service delivery.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; 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:

- Each person who used the service had their own care plan in place which covered areas such as eating and drinking, continence, oral hygiene, mental capacity and mobility. These provided information for staff about the care and support people needed.
- All about me' documents had been completed and these considered person centred information about people's families, employment, social routines and important people in their life.
- People took part in activities that interested them and met their needs. Some people managed their social activities themselves, while other people had social support as part of their package of care.
- People were encouraged to maintain relationships where possible. People's relatives were involved in the care and support people received as necessary.

Meeting people's communication needs:

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

- Support plans contained information about people's communication needs such sight, hearing and people's abilities to read and write.
- The registered manager confirmed they could provide documents in different formats if required such as large print. We also saw documentation was available within people's care plans in different languages if needed.

Improving care quality in response to complaints or concerns:

- A central log of complaints was maintained, along with details about how each one had been responded to. Where any complaints had been made, we saw written responses had been provided by the service.
- People knew how to provide feedback about the care they received and information about how to make a complaint was available in the service user handbook. One person said, "I phoned the boss and it got sorted."
- A complaints policy and procedure was also available.

End of life care and support:

- Due to Safe Hands Care and Support Services being a domiciliary care service, end of life care and support

was not provided directly. However, the registered manager told us staff would work closely alongside other relevant healthcare professionals as necessary to provide the care and support if people required.

- Nobody was in receipt of end of life care at the time of the inspection.

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 the last inspection this key question was rated as Requires Improvement, although had now changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have appropriate systems in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user. Appropriate systems were not always in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- People told us the staff knew them well and responded to their needs in a person-centred way, although not everybody said they knew who the registered manager was. Other people said they had met them and had been visited at home to see how their care package was progressing.
- All the staff we spoke with told us they liked working for the service and staff worked well together. We also received positive feedback about the management team at Safe Hands Care and Support Services.
- One member of staff said, "I find them very good to work for and they are very supportive of our personal circumstances too. The management is getting better day by day and I feel very well supported." Another member of staff said, "They are the best company I have worked for and any problems get dealt with straight away."

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

- Audits were completed of care plans and medication. Competency assessments were also undertaken for areas such as moving and handling and medication.
- Spot checks and observations were undertaken of staff delivering care at people's houses .
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.
- Events which the provider is legally required to report to us were submitted, however there had been a delay regarding certain notifications being sent to us in a timely way. We raised this issue with the registered manger and we received re-assurances that prompt notifications would be submitted moving forwards.

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

- Staff meetings took place in the service which gave an opportunity to discuss work and improve the service people received. Staff said these took place regularly and they felt able to discuss any areas of concern and improvements.
- The ratings from our last inspection were clearly displayed at the main office. The provider website was under construction at the time of the inspection, although we were informed the ratings would also be displayed here once the work had been completed.
- A range of policies were available, as well as a service user guide and staff handbook. This ensured people who used the service and staff had access to important information about procedures within the service.

Working in partnership with others:

- The service had developed a number of links within the local community and worked in partnership with different organisations to improve the support people required.
- Work experience placements were also available and had been used in the past by students from local schools and colleges.