Safehands Live In Care Ltd

Burney House, Office K

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
This service is a domiciliary care agency and is based in the London Borough of Havering. Burney House, Office K provides 24-hour live-in care and support to younger adults and older people living in their own homes.

At the time of the inspection, the service was supporting 17 people.

People's experience of using this service and what we found
A medicine support plan was in place for each person, which included information on how to support them with medicines. However, we found accurate records of medicine administration had not been kept. Audits had not identified the shortfalls we found with medicine records. We made a recommendation in this area.

Robust quality monitoring systems were not in place. Feedback through telephone monitoring was not being recorded to ensure continuous improvements were being made to improve care.

Risk assessments had been carried out to ensure people received safe care. Pre-employment checks such as references had been sought to ensure staff were suitable to support people. Systems were in place to monitor staff time-keeping and prevent infections.

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 previous rating for this service was Good (published 6 March 2019).

Why we inspected
We received concerns in relation to staff approach and communication. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well-led section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'Burney House, Office K on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Burney House, Office K

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. 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 homes.

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

Notice of inspection
Our inspection was announced. We gave the service notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that a member of the management team would be in the office to support us with the inspection. The registered manager was not available at the time of the inspection. We were supported by the provider's nominated individual and the interim manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used

all of this information to plan our inspection.

During the inspection
We spoke with the nominated individual and interim manager. We reviewed five care plans, which included risk assessments and four staff files, which included pre-employment checks.

After the inspection
We continued to seek clarification from the provider to validate evidence we found such as risk assessments and policies. We also spoke to four care staff, six relatives of people that used the service and one person. We also contacted professionals that worked with the service for feedback.

Good

Is the service safe?

Our findings

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

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 safe and protected from avoidable harm.

Using medicines safely

● People were given their medicines as prescribed, however accurate records had not been kept. We checked electronic medicine administration records (MAR) and records showed that for two people medicines had not been administered for a certain period of time. The interim manager told us, for one person this was due to technical issues as digital MAR charts relied on internet connection and for another person, they had gone out with their family members and their family had supported the person with medicines. The nominated individual told us that they would ensure when digital MAR flags as red, which means medicine had not been administered, they would record the reasons for this. We spoke to both people's relatives and they told us they had no concerns with medicines, and they were given as prescribed.

● A medicine support plan was in place, which included information on how to support people with medicines safely. A relative told us, "The current carer is very proactive with [person's] medications; she will call the GP and request repeat prescriptions."

● Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to.

Assessing risk, safety monitoring and management

● Risks had been identified and risk assessments were in place covering areas such as on people's home environment, personal circumstances and health conditions. Assessments where possible included control measures to minimise risks and what action staff should take to ensure people were safe. A staff member told us, "I find the care plans and risk assessments very helpful." A relative told us, "[My relative] can get urinary tract infections which enhances their level of confusion. The carer will talk to the GP and get antibiotics if required". A professional told us, "We have no concerns with Safehands. Their quality of care is good, no problem."

● People and relatives told us that staff supported people in a safe way and they had a good relationship with staff. A relative commented, "We have the same carer; she is very good and very thorough. She really does have [person's] best interests at heart." Another relative told us, "The carer understands [person] on an emotional level, she is always laughing and chatting with [person]." A third relative said, "[Person] is always clean and well cared for." A professional told us, "Our client has expressed no concerns with the services [person] is receiving from formal carers."

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.

● Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff member told us, "Safeguarding is taking care of people we take care of and they need to be safeguarded

from harm and abuse, Abuse is an act done on someone to hurt, inflict pain and deprive them. They can be financial, physically and verbally. If I see someone being abused, I will report to my line manager straight away. I can go to the police and CQC."

● People and relative told us they were safe. A person told us, "My carer watches over me and that makes me feel safe". A relative commented, "I am reassured that [person] is safe as the carer is gentle, pleasant, nice and kind." Another relative told us, "I feel that [my relative] is safe with the carer they have. The carer has a good attitude, she is [my relative's] companion, and I am reassured that [person] is being well cared for."

Recruitment & Staffing

● There were sufficient numbers of staff to support people. The service provided 24 hour live-in care to people. The management team told us people received support from the same members of staff to ensure continuity of care.

● A tracker system was in place that showed when staff were due to complete their shift so a new member of staff could start to ensure 24 hour care was provided to people. A relative told us that the service had acted promptly when a person's needs changed, they said, "There was a point when we required additional carers for a few days. They pulled out all of the stops to support us."

● Records showed that relevant pre-employment checks, such as criminal record checks and proof of staff's identity had been carried out. References had been requested and received. This ensured staff were suitable to provide safe care to people.

Learning lessons when things go wrong

● There was a system to learn lessons following incidents.

● The management team were aware of how to manage accidents and incidents and told us these would always be investigated and analysed to learn from lessons to minimise the risk of re-occurrence.

● An accidents and incident policy was in place and we were shown a template that would be used to record accident and incidents.

Preventing and controlling infection

● Systems were in place to reduce the risk and spread of infection.

● Assessments had been completed to prevent and minimise the spread of infections. This included control measures such as wearing Personal Protective Equipment (PPE) and included information on what to do for people that may be at risk. A relative commented, "It was particularly hard during the pandemic, but I felt [person's] care was well managed. The same carer stayed with [person] throughout."

● Staff confirmed they had access to PPE such as gloves and aprons to ensure staff and people were protected from infections. A staff member told us, "I have enough PPE. I have been trained on COVID-19 and know what to look out for."

Requires Improvement

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 comprehensive inspection, this key question was rated as good. At this inspection this key question has deteriorated to 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.

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

- Robust quality assurance systems were not in place.
- The nominated individual told us that audits were carried out daily on areas such as care plans and medicine management. However, records and outcome had not been kept of these audits. The audits had not identified the shortfalls we found with medicine records to check if people had received their medicine as prescribed and to ensure staff recorded reasons when medicines had not been administered. This meant the service could not have been sure if medicines had been administered as prescribed. The nominated individual told us that they would review their processes and ensure improvements were made.

We recommend the service follows best practice guidance on implementing robust quality assurance and recording systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- Peoples cultural and religious beliefs were recorded and staff were aware on how to support people considering their equality characteristics.
- People and relatives told us that staff communicated well with them. A relative told us, "[Person] has periods of time when [person] is less lucid, and the carer is good with that. She will divert [person's] attention to another subject." Another relative commented, "The carer manages to get things across to [person], even though everything seems to be in the moment and very little is retained."
- The management team told us they also obtained feedback from relatives and people about the service and performance of staff through telephone monitoring but not through surveys. However, records and outcome of telephone monitoring had not been kept to check for areas of improvement and best practices. In addition, relatives told us that obtaining feedback could be improved. A relative told us, "I think the agency are generally fairly passive [with feedback], you don't get too much out of them." Another relative commented, "There is never a survey or anything like that, to ask our opinions."
- We fed this back to the nominated individual who informed they would review their quality monitoring process to ensure feedback was sought regularly and used to continuously improve the service.

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 was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times.

● Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "They [service] are very very helpful, they follow up on us to make sure we are ok."

● Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns, and these would be dealt with.

● People and relatives were positive about the responsiveness of the service. A relative told us, "I have never had to raise a concern but would call the office if there were any issues. I find them very quick to respond and incredibly helpful." Another relative commented, "Mostly, the communication we have is regarding the cover we will receive when [person's] regular carer is on holiday. On the whole I think they provide a good service."

Working in partnership with others:

● The service worked in partnership with professionals to ensure people were in good health.

● Staff told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. A relative told us, "The carer is on the frontline with [person] and will take [person] to the GP or request a home visit if required, they will make the call and then contact me. The carer will also accompany [person] to hospital appointments."

● We received positive feedback from professionals. A professional told us, "They have been responsive to my client's needs and are caring and safe." Another professional commented, "The carer provided to [person] has been well trained and knows her role well. The support is working well and [person] is happy. The service meets [person's] needs and appears to be flexible to changes."