

Handle with Care Coventry and Warwickshire Limited

Handle with care Coventry and Warwickshire

Inspection report

55 Barkers Butts Lane
Coventry
West Midlands
CV6 1DU

Tel: 02476591645

Date of inspection visit:
10 November 2015

Date of publication:
04 December 2015

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

We visited the offices of Handle with Care, Coventry and Warwickshire Limited on 10 November 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on care workers to ensure their suitability to work with people who used the service.

The managers understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough suitably trained care workers to deliver care and support to people. Most people had consistent care workers who stayed the agreed length of time although some people were unsure what time their care workers were due to arrive.

Care workers received an induction and a programme of training to support them in meeting people's needs effectively. People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. Care plans and risk assessments contained relevant information for care workers to help them provide the care people required.

People knew how to complain and were able to share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. Most people received care and support from regular care workers.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the managers dealt promptly with any concerns or complaints they received.

Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak to management if they needed to. Care workers were supported to carry out their roles and felt able to raise any concerns with the management team. There were systems to monitor and review the quality of service people received.

Handle with care Coventry and Warwickshire

Detailed findings

Background to this inspection

We visited the offices of Handle with Care, Coventry and Warwickshire Limited on 10 November 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on care workers to ensure their suitability to work with people who used the service.

The managers understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough suitably trained care workers to deliver care and support to people. Most people had regular care workers who stayed the agreed length of time although some people were unsure what time their care workers were due to arrive.

Care workers received an induction and a programme of training to support them in meeting people's needs effectively. People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. Care plans and risk assessments contained relevant information for care workers to help them provide the care people required.

People knew how to complain and were able to share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

Is the service safe?

Our findings

People we spoke with said they, or their relatives felt safe and at ease with their care workers. When asked if they felt safe, people told us they had regular care workers that helped them feel safe and comments included, "Very safe and comfortable." People said they knew what to do if they did not feel safe, for example, people told us, "I would phone their office number," and "My daughter would contact the office."

Care workers understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. One care worker told us, "If I have any concerns at all I would record it and report it to the office manager. She would look into it and refer it to social services if needed."

Most people said their care workers arrived when expected but some people were not sure what time their care workers were due to arrive or how long they were supposed to stay. People said care workers stayed long enough to do everything that was required and usually asked if there was anything else they could do for them before they left. One person described the care workers as "Prompt, efficient and helpful". Two people said their care workers often stayed longer than their allocated time. One person told us their care worker, "Goes over and above the call of duty," and a relative said, "If anything the morning carer stays longer." The managers confirmed there were enough care workers to allocate all the calls people required.

There was a procedure to identify and manage risks associated with people's care. When people started the service, an assessment of their care needs was completed that identified any potential risks to providing their care and support. For example, some people told us they needed assistance to move around, and they told us, "They [care workers] watch over me while I walk" or, "They hoist me safely and carefully." A relative said, "Mum has a hoist. There is always two carers, they are brilliant. I have watched them."

Staff knew about individual risks to people's health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers undertook checks of people's skin where they were at risk of skin damage. We asked care workers about monitoring people's skin to make sure it remained intact. One care worker told us, "I look after people who remain in bed so it's important to make sure their skin remains healthy. I check when I provide personal care to see if the skin on their bottom and any bony areas are red, blistered or sore. Any concerns I would document it, complete a body map to show where the area of concern was and report it to the office. I would let the family know and ask them to phone the district nurse if one was involved. If not the office would phone the district nurse."

The provider had an out of hour's on-call system when the office was closed. One care worker told us, "I can phone at any time if I need help or advice. If they can't answer the phone straight away they always get back to you." Staff told us they were reassured a senior member of staff was always available if they needed support.

The provider had an emergency plan for maintaining the service to people who would be a priority to

receive calls, when unexpected events such as severe weather conditions would make it difficult for care workers to get to people. Several people lived in rural locations and the service had access to 4 x 4 vehicles that could take care workers to people if there was snow and ice. This would help maintain support to people who lived on their own and people who were reliant on care workers for all their care needs.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers said they could not work in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had DBS and reference checks completed before they started work.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where care workers supported people to manage their medicines it was recorded in their care plan. People told us care workers ensured they received their medicines as prescribed. One person told us they had to take their morning tablets at a certain time and that the care workers always arrived on time and, "made it a priority". A relative told us, "They [care workers] ensure that all the tablets are taken, including any antibiotics."

Care workers had received training to administer medicines safely which included checks on their competence. They recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by care workers during visits and by senior staff during spot checks for any gaps or errors. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

We asked people and their relatives if they thought care workers had received the training needed to meet their needs. Most people said staff were well trained but some did not know for sure. One person said "A relative told us, "They know what they are doing. Everything I ask for is never too much trouble,"

Care workers received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, medicine administration and safeguarding adults. One care worker told us, "I completed all the required training when I first started two years ago and have regular updates to keep my skills up to date. I have just had updates in medication and manual handling."

Care workers said they completed an induction when they first started to work in the service that prepared them for their role before they worked unsupervised. This included training and working alongside a more experienced worker before they worked on their own. The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. A care worker told us, "The induction training increased my confidence. I was new to care and they checked to see if I had understood the training and knew what to do." The registered manager told us they were providing existing staff with training in the areas of the Care Certificate that was not included in their initial induction, for example, looking at nutrition.

Care workers told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' of their practice. A senior care worker responsible for completing staff observations and supervisions told us that during spot checks they checked that care workers wore uniform and had their ID badge as well as making sure they had recorded what they had done accurately. In supervisions they asked staff about understanding of their role and satisfaction with their job. They also said "During observations I always talk to the person about the care they receive and ask them about their care workers." Records confirmed senior staff observed staff practice in people's homes and assessed staff performance to ensure care workers put their learning into practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The managers understood the relevant requirements of the Mental Capacity Act (MCA) 2005. They told us there was no one using the service at the time of our inspection that lacked capacity to make decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest.

Care workers we spoke with said they had completed training in MCA and knew they could only provide care and support to people who had given their consent. They told us the MCA meant, "Giving people choice and allowing them to make their own decisions." Another said, "All the people I visit have capacity to make decisions, but I still get their consent before I do anything." Care workers said there was no one they

supported who lived alone that could not make everyday decisions for themselves. One care worker told us, "There are a couple of people I go into that can become confused at times, particular if they are unwell or have a water infection. That's the benefit of having regular clients; you can identify any changes quickly and let the family know." Most people confirmed staff asked for their consent before they provided care, comments included, "They always explain what they are going to do before they do it," and "Yes I feel really comfortable with them."

Most people told us that they or their relative provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation told us choice was given whenever possible and drinks were offered where needed. People said that lunchtime meals were usually a meal that could be re-heated in the microwave although some people said care workers would make them an omelette or something similar if asked. No one we spoke with was dependent on their care worker to provide all their food and drinks. Several people said care workers always left them with a drink before they left, for example "They always leave me with two glasses and a standby" and, "They never leave her without a drink." Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

People we spoke with managed their own health care appointments. Care workers said they helped people manage their health and well-being if this was part of their care plan. Care workers said they would phone a GP and district nurse if they needed to but would usually ask the family to do this. People we spoke with confirmed this happened, one person told us, "They made arrangements for me to have a flu jab at home." A relative told us they had been alerted by the care workers that her husband may have a water infection and that she should inform the nurse. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GPs. People were supported to manage their health conditions and had access to health professionals when required.

Is the service caring?

Our findings

People were happy with their care workers and described them as "Cheerful," "Lovely," and "Pleasant". Relatives told us the care workers were, "Like friends", and "Brilliant. I can't fault them,"

Most people told us care workers were kind and caring; "They treat you nicely. They don't make me feel as though I am asking for too much," and, "They try to understand what it is like to have Parkinson's." Relatives told us "They really do care."

People told us care workers made sure their privacy and dignity was respected. Care workers we spoke with said they upheld people's privacy and dignity by, "Being discreet when people use the commode or the bathroom" and "I am always mindful I am in someone else's home and treat this with respect." A senior care worker said it was part of the spot check to observe how care workers spoke to people to ensure they were polite and had a positive attitude. They also said "I observe practice to make sure the carer explains to the client what they are going to do each step of the way, and ask people if it's ok first." The office manager said "Where at all possible people have regular carers so they can get to know each other which puts them at ease and alleviates any embarrassment during personal care."

We looked at the call schedules for three people who used the service and four care workers. These showed people were allocated regular care workers where possible. The office manager told us they tried to make sure people were supported by the same team of staff, "Where possible people have regular care workers who they can get to know and build up trust." Care workers we spoke with had a good understanding of people's care and support needs. Care workers supported the same people regularly and knew people's likes and preferences. They said they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Comments from people confirmed this, "They do sit chatting to her." "They have a nice joke with him". "The regular carer makes him laugh," and "They sit and chat when they can."

People told us they were supported to maintain their independence and the support they received was flexible to their needs. People said, "They do everything they can to help me but if I need help they offer it. They encourage me." A relative told us, "They will help him if he is struggling but they say to me, let him have a go first." Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible.

People we spoke with and their relatives confirmed they were involved in making decisions about their care and were able to ask carer workers for what they wanted. Some people said they had been involved and consulted at the planning stage when their care was put in place, but others said their care had been arranged by social services and they had just been told what they could have, so felt they had no involvement about this.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept

safe and secure.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that their regular care workers knew their likes and preferences. Care workers told us they had regular clients so they got to know how people liked their care provided. Care workers we spoke with had good understanding of people's care and support needs. We were told, "We have time to read care plans and sit and talk with people so you get to know what they need and what they like." They also said there was detailed information in care plans to inform them what to do on each call. If people's needs changed they referred the changes in care to the office manager so plans could be updated. They said plans were up to date and reviewed regularly so they continued to have the required information to meet people's needs.

Most people told us they usually received their care around the times expected, although some people said they were unsure what time care workers were supposed to arrive. We looked at the scheduled call times in people's care plans and found that the times of calls were not recorded. We spoke with the office manager who said they would ensure times were recorded and remind people of their policy that care workers could arrive within 30 minutes before or after the expected time. Care workers said they either phoned the person or asked the office to let people know they were running late. People we spoke with told us this usually happened. The provider had implemented an electronic call monitoring system that logged the time care workers arrived and left people's homes. This allowed office staff to know where the care workers were and to respond if care workers had not arrived within their allocated time.

We looked at three care records. Care plans provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. There were clear instructions for staff about how to provide the care people required. For example, how to support people who were looked after in bed and required repositioning and pressure area care. Records of calls completed by staff confirmed these instructions had been followed.

People confirmed their care plans were reviewed regularly. Comments from people included, "It was updated a few weeks ago." "A review has just been done. I had to sign it," and "It's updated every six months." Plans we viewed had been reviewed and updated as needed and had been signed by people or their relative which showed they had been involved in planning their care.

We looked at how complaints were managed by the provider. People and their relatives said they would raise any concerns with the managers in the office. Care workers knew how to support people if they wanted to complain and we were told there was complaints information in the folders in people's homes. Several people said they had contacted the office to raise minor concerns and that this had been resolved to their satisfaction. People told us "If anything is wrong I will ring Sheila (Office manager) and she will work it out." Another said "I have only raised a few things. They have staffing problems. I rang up to complain and they did apologise. It was an isolated incident." Records showed complaints received had been recorded and investigated in a timely manner.

People told us the service was responsive to requests about their care. One person told us, "I phoned the

agency and told them that I couldn't undress in front of a man. They were very helpful about it. They understood my feelings." Another said the care workers had started coming too early to his mother which was making her confused. So he phoned the office and they changed the times back.

Is the service well-led?

Our findings

Most people said that they were happy with the service they received. One person said, "Yes, it is generally good."

Care workers told us they felt well supported by the management team that consisted of the registered manager, office manager, and senior care workers. Senior staff understood their roles and responsibilities and what was expected of them. Care workers knew who to report concerns to and were aware of the provider's whistle blowing procedure and were confident about reporting any concerns or poor practice to the managers. One care worker told us, "If I had any queries or concerns I would contact the office and let them know, there is always someone available by phone." People we spoke with told us they knew who to contact in the service if they needed to.

Care workers told us there was an open door policy at the office and they could visit any time to discuss any issues. All the care workers we spoke with were complimentary about the office manager and the support and guidance she offered. One new member of staff told us, "You can go to [Office manager] with anything no matter how small, she will always help. She has increased my confidence, when I'm unsure of anything she always reassures me that I am doing it okay."

Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. We were told, "We have spot checks and observed supervisions, you don't know when they are coming. Sometimes when you work a double up with a senior they will tell you after the call they were observing you and give you feedback about your practice. It keeps you on your toes." Another told us, "I had a spot check the other day, they checked to make sure I was wearing my uniform and disposable gloves. They looked at the records I had completed and talked to the client about the call." People who used the service told us senior staff checked on care workers during care calls.

Care workers said they enjoyed working for the agency and that it was managed well. They said communication from the office was particularly good, one care worker told us, "We are kept up to date about everything. You will get a text for small changes or a phone call if things are more complex, or for new packages." Care workers said they were asked for their views and opinions when they visited the office to pick up their timesheets. None of the care workers we spoke with could think of anything that could be improved, they said the service worked well. Comments included, "I'm very happy the way it works, it works well. I love it here." another said, "I love my job it's so satisfying and I know I have the back up if I needed it."

People told us they had been asked if they were satisfied with the service. Several people remembered a visit from the manager to check their views about the service. One relative said "They do come out and check a few times a year". Another relative said "The manager comes out to see us from time to time."

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the PIR which are required by

Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The PIR told us, Handle with Care had been established with a quality-orientated approach to the business which was achieved by continually reviewing the care service offered, training of staff and feedback from service users. That care workers logged in and out of calls via the electronic call monitoring system which allowed the managers in the office to monitor, times of calls, length of visits and continuity of care. Care workers also used a 'service user daily report sheet' which they updated on every visit with the details of the tasks they had completed for that visit, together with routine recording of the service users progress and any relevant comments or observations. We found these processes were in place at the time of our visit.

The provider and managers used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through spot checks, senior staff visits, telephone calls, care plan reviews and satisfaction surveys. We looked at a sample of returned surveys from people, the responses and comments were mainly positive about the service. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.