In Safe Hands Community Care Services Limited

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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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

In Safe Hands is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 24 people with personal care and employed 16 care workers.

We visited the offices of In Safe Hands on 4 and 13 January 2016. We told the provider before the visit we were coming so they could arrange for people and staff to be available to talk with us about the service.

The provider for this service is an individual owner. Unlike a registered company, they are not required by law to have a separate registered manager, unless they do not have the skills and experience to manage the service themselves. The provider for In Safe Hands undertook all of the day to day management tasks.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Staff knew how to keep people safe. Processes that helped keep people safe required further improvements. This included checks on care workers to ensure their suitability to work with people who used the

Summary of findings

service and the completion of risk assessments. Risk assessments were not always recorded or detailed enough to ensure people received consistent and safe support. People assessed as requiring two care workers to provide safe care did not always receive this.

The provider and staff had limited understanding of the principles of the Mental Capacity Act (MCA), and how this affected some people's decisions to consent. Care workers respected people's decisions and gained people's consent before they provided personal care or support.

There were enough suitably trained care workers to deliver care and support to people. Most people had care workers they were familiar with, who stayed the agreed length of time and these calls were made at the time they preferred.

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. People were involved in how their care package was planned but some care records required more detailed information for care workers to help them provide consistent care for people.

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 office management, knowing they would be listened to and acted on.

The systems and processes to monitor the quality of the service provided were not always effective. Due to recent management changes, the systems were not thoroughly effective so regular checks on the quality of service people received had not been completed. Some management staff were not aware of their roles and responsibilities and delegated tasks were not always checked by the provider to ensure action had been taken.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. Risk assessments were not always detailed and adhered to and there were enough care workers to provide the support people required. Care workers understood people's individual needs although there were occasions the required number of care workers did not attend some calls. People received their medicines as prescribed and there was a thorough staff recruitment process.

Requires improvement

Is the service effective?
The service was effective.

Care workers were trained to ensure they had the right skills and knowledge to support people effectively. People and relatives were involved in making some care decisions and care workers gained people's consent before care was provided. Where people did not have capacity to make decisions, support was sought from family members where possible. People who required support had enough to eat and drink during the day and received support to access other healthcare services.

Good

Is the service caring?
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 consistent care workers that understood their individual needs.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. People knew how to make a complaint and the managers responded to concerns or complaints they received.

Good

Is the service well-led?
The service was not consistently well-led.

Systems to monitor and review the quality of service people received were not effective. The lack of managerial oversight had not identified improvements that were required which impacted on the quality of service.

Requires improvement

In Safe Hands Community Care Services

Detailed findings

Background to this 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 was planned to check 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider was sent a Provider Information Return (PIR). 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. They did not return a PIR and we took this into account when we made the judgements in this report. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service that we were not already aware of.

The office visit took place on 4 & 13 January 2016 and was announced. We gave the provider notice of the inspection. This was because the service is small and we needed to be sure they would be available to speak with us and arrange for us to speak with people and care workers. The inspection was carried out by one inspector.

We contacted people who used the service by telephone and spoke with six people (one person who used the service and five relatives). During our visit we spoke with a deputy manager, a care co-ordinator as well as the owner. In the report we refer to this person as the provider. We spoke with three staff in person and two staff on the telephone.

We reviewed five people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Requires improvement

Is the service safe?

Our findings

People we spoke with said they, or their relatives felt safe and at ease with their care workers. People and relatives told us they had regular care workers that helped them feel safe and comments included, “Oh yes, the girls are very nice”, “Yes I feel safe, I don’t like people coming in, but It is done in a way that’s comfortable and not intrusive.” People said they knew what to do if they did not feel safe; for example, one person said, “I would speak with the manager” and a relative said, “I 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.” Staff said if they found unexplained bruises or noticed people’s moods or behaviours were different, they would seek advice from other family members or inform the managers at the office. They told us they would raise their concerns as it may suggest people had been mistreated.

People and staff said there were enough care workers to provide the care they needed at the times they required. The care co coordinator completed staff rotas and said there were enough staff to meet people’s needs. They said, “I plan rotas around where care workers live and most of the calls are all in the same area to reduce travel times.” Staff told us their care calls were usually grouped together so time between each care call was reduced. They told us this helped ensure calls were provided at the times people required.

Most people said their care workers arrived when expected, but some people said staff were occasionally late. Most people said they were told if care workers would be late, although we found two occasions where people had not been given advanced notice that their care call was later than planned. One person said, “They (care worker) text me” and another said, “Someone from the office calls.” One person said they had recently had missed calls although this had improved since they raised this with the provider. 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 told us care workers stayed beyond their allocated time, usually to help them or make sure everything was right before they left.

There was a procedure to identify and manage risks associated with people’s care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example some people told us they needed assistance to move around, or be moved with the aid of equipment. Some risk assessments had identified the risk but did not give clear instructions to staff about how they could minimise risk to help keep people safe. For example, one person was at risk of falling. In their care plan it only said staff were to, “Maintain a safe environment.” Speaking with staff showed they understood how to manage the risks to this person, such as removing any trip hazards and keeping the environment tidy

We saw another care record for a person who had a catheter. The person’s care record said to 'support the person with catheter care'. There was no information for care workers that prompted them, such as when to change the catheter bag, how to monitor fluid output and safe levels to empty the bag. We saw other examples of people who displayed behaviours that challenged others or people who had specific mental health illness. Their care records did not provide sufficient information for staff which had potential for care workers to provide inconsistent care.

Individual needs assessments and care planning were not always followed and care workers did not provide safe care in line with the provider’s assessments. For example, two people’s care plans told us they needed the support of two care workers to use equipment to help them move safely. Some care workers told us they had provided care on their own to these people. We asked why this was the case. The care workers could not explain why, although they said some people had relatives who were there and they occasionally helped. We told the provider about this and they said, “I hope staff (care workers) don’t do double ups on their own. I did not know this.” The provider told us that in their view, one of these people did not require two care workers. They said they had asked for a reassessment but there were no records that confirmed only one care worker was required to provide support.

Requires improvement

Is the service safe?

The provider had an out of hours on-call system when the office was closed. People told us when they contacted the office outside usual opening hours their calls were responded to. Staff told us if they had any concerns, a senior member of staff was always available if they needed support.

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. However, in some cases additional references and complete employment history would give assurance to the provider that staff were suitable to provide care to people who used the agency.

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 prompted them to make sure they received their medicines as prescribed.

Care workers told us and records confirmed, they had received training to administer medicines safely. Some staff said since they had completed their medicines training they had not been competency assessed. The provider told us they were implementing these checks so they could be assured staff were competent. Care workers 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 for any gaps or errors. Completed MARs were returned to the office monthly. Auditing of MARs had recently been introduced and had not identified any concerns or improvements. These procedures made sure people were given their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People and relatives told us care workers were effective and they were supported according to their needs. People said, "Yes, they seem to know what they are doing. They soon get into the routine" and another person said, "Before they do things [person's name] is involved in everything, they ask what he wants. They talk directly to him, always include him."

People's needs were met because care workers had the appropriate training, skills and behaviours. All of the care workers we spoke with, said they received training, mostly on line training and felt confident to provide the care to people they supported. However, there were mixed opinions about the quality of training. One care worker told us, "About four months ago I did on-line training. It is watching videos. It is not brilliant and not good quality, I didn't learn a lot." However, another said, "I like the (on-line) training because I can do it in my time. I learn that way." We spoke with the provider about this. They said they were confident staff had the knowledge to support people effectively but they planned to improve the training by providing more face to face training.

Records showed new care workers received training and worked alongside experienced team members during their induction programme. People and staff we spoke with, told us whenever care was provided to new people, staff were always introduced and shown what to do before they cared for people on their own. Two relatives told us they appreciated this, especially when they knew their family members were anxious having 'new faces' in their home.

There were formal and informal systems in place to support staff in their work. Some care workers said they had received one to one supervision meetings with senior staff, whilst others said they had not had them for some time. Care workers said if they had concerns they would speak with the deputy manager or provider. We saw supervision meetings were used to reflect on poor practice and to discuss with staff if they needed any support or additional training. One care worker said, "It's good, you can discuss training or if you need anything else. I have asked for a course on dementia," and they said the provider was looking into this for them.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The provider had limited understanding of their responsibilities under the Act. They told us there were people using the service at the time of our inspection that lacked capacity to make some of their care decisions. Care records did not reflect those people who lacked capacity and what support they needed to make certain complex decisions. Care workers who supported people always asked for consent but had limited knowledge about what decisions people may not be able to consent to due to their capacity. The provider said some people did lack capacity to make certain complex decisions, for example how they managed their finances. They all had somebody who could support them to make these decisions in their best interest, for example a relative. The provider assured us they would improve their care plans so staff were clear what support people required when certain decisions needed to be made.

People told us care workers supported them to make their own day to day decisions about their care and support. A relative told us, "They always do what is needed and more sometimes. They don't rush." People said care workers involved them and asked them for their consent before care was provided.

Care workers said they knew they needed to gain people's consent to care, and more importantly, to give people time to think about the answer. Staff explained how they respected people's decisions when people declined any support. One care worker said, "No means no." Care workers understood the importance of this and to help maintain and promote people's privacy and dignity. One care worker said, "I get people's consent for everything and tell them what I am doing."

All the staff received training in food hygiene and nutrition and understood the importance of good nutrition to

Good

Is the service effective?

maintain health. People told us that care workers helped them with drinks and helped prepare any meals where required. One relative said their family member always needed a glass of water at night and said staff always made sure this happened.

The provider told us they supported people with their health needs and arranged for other health professionals, such as their GPs, to visit them when required. Relatives said they were usually informed and involved if people's needs changed. They told us the care workers followed any advice or guidance from other health care professionals. One relative said, "If they have concerns, they call me. It works both ways. One time, they were concerned about her medicines, they let me know." The relative said this was helpful to them because they could make the necessary arrangements to seek the right help and support.

Good

Is the service caring?

Our findings

People were happy with their care workers and described them as, “Very good” and, “They all seem to care, they care about [person’s name] as well. Some are naturally caring.”

People and relatives told us care workers made sure privacy and dignity was respected. One relative said they could tell care workers respected their family member by how they engaged with them and included them in what they had to do. This relative said, “Just the way they handle and care for him. It’s not, oh we have to do this. They have him in mind. It’s become normal.” They said the way care workers supported him said it was, “Part of everyday life, it’s nice, dignified.”

Staff said they cared for the people they supported and wanted to help them to continue living their lives in their home. One care worker said, “I treat them as if it was my own mum and dad.” The provider told us that they had a good staff team and said care workers had to have the correct attitudes and behaviours in providing a caring service.

Care workers said they enjoyed providing care and support to people. One care worker told us the qualities required to be a good care worker were to be, “Kind, patient and polite.” They said, “Empathy is important, you need to understand what they are going through so I imagine how people are feeling.” People told us they had consistent care workers who they were able to build relationships with and who knew their likes and preferences. People and relatives said consistent care workers meant they received care from care workers they knew and felt comfortable receiving support from. One person told us it was nice to get “Familiar faces.” People said care workers took their time with care tasks and provided care at their pace, never in a rush. They told us if needed, care workers stayed longer than their allocated time to ensure people’s needs were met.

People told us they were supported to maintain their own independence. Some people said they were able to wash and shower themselves but could ask for help if they needed it. Some people said they prepared their own meals with the help of staff or their own family members and if people could not manage, care workers supported them with this. Staff encouraged people to be as independent as possible. Staff told us they involved people, and gave people choices to do things themselves. One care worker said, “I encourage them to do things, it’s important for them to do as much for themselves as possible.” People we spoke with confirmed they were involved in making decisions about their care and were able to ask carer workers for what they wanted. 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.

Good

Is the service responsive?

Our findings

People told us before they received a service, they were involved in an initial assessment that identified their needs and ensured the service could meet their needs. People told us they had a care plan in their home which care workers wrote notes in it and referred to it when required.

One relative we spoke with was complimentary about the support their family member received and said the service was responsive in meeting their needs. They told us because of their relative's health condition, their behaviours would vary but said care workers reacted to changing patterns in behaviours. They said, "They have picked up how [person] is and how best to deal with them. I feel they have done a lot to get to know [person's] way, and how to approach them." They told us when their relative had received support from other healthcare professionals, care workers were responsive in following their advice. They also said care workers, "Picked up on things I suggested."

People told us the service was flexible and responsive to requests about their care. One person told us if they had to attend any appointments or make other arrangements, they could cancel their call. One person who had cancelled calls said, "You phone up and tell them. It's no trouble." People did not have advanced notice of which staff were coming to support them each day, but they explained this was not necessary because they knew from past experience who was coming to support them.

People described the care workers as "Lovely, good and helpful". Two relatives told us their care workers often stayed longer than their allocated time. One relative said their care workers also helped support them which they appreciated. They told us, "They always stay, they help me and they ask if there is anything else. It's helpful when I am tired." The managers and care co-ordinator confirmed there were enough care workers to allocate all calls people required.

We looked at five people's care records. The provider told us people's care records were personalised so staff had information that helped them get to know a person's background. They said this would help build up relationships and help staff when they come to involve people in discussions, when providing their care. Three care plans did not record personal information about the person's personal history, although they did record people's individual preferences and how they wanted to receive their care and support. Care workers completed a record of the care and support provided at the end of each call. Relatives said they found these records useful because they recorded what support their relatives received and how they had been feeling. People we spoke with said care workers completed everything that was recorded in their care plan and people and relatives signed their care records when they were involved in care reviews.

Care workers we spoke with had good understanding of people's care and support needs and were able to tell us how people received care that met their needs. They told us the office team told them about any changes and they looked at the daily notes to provide an up to date picture of the support people needed.

People said they had no reasons to make a complaint about the service and said if they did, they would speak with care workers or the manager. Complaints information was recorded in the service user guide kept in people's home which told them how to make a complaint. One relative said, "Any problems, I would call the office and speak with them but so far we have been happy." We asked the provider to show us their received complaints and found they had received one written complaint in the last 12 months. This was resolved, however from speaking with the provider and deputy manager they were unclear what they recorded as a complaint. This showed us the system was not effective because records of complaints may not be recorded consistently so it was difficult to see what actions or learning was taken to prevent further similar complaints reoccurring.

Requires improvement

Is the service well-led?

Our findings

This service is not required to have a registered manager in post. The provider for this service is an individual owner. Unlike a registered company, they are not required by law to have a separate registered manager, unless they do not have the skills and experience to manage the service themselves.

There had been a registered manager who managed the service until June 2015 but since then, the provider who is the owner, has managed the service on a day to day basis. The provider told us they planned to manage the service themselves in the future and not employ a separate registered manager. The provider said the service had been through a challenging period in the last six months which had identified a number of issues that required attention. The provider had recruited a deputy manager and a care co-ordinator to help manage the day to day operation of the service and to make the improvements they identified.

Speaking with the provider and reviewing their systems, we identified a lack of proactive management and leadership at the service which affected the quality of service provided. The provider acknowledged this and said the departure of the registered manager had destabilised the service and caused some difficulties in getting things done. The provider told us, "I trusted them to do things, I have difficulty trusting someone else, that's why I am applying to be registered manager."

We found the provider had not been clear with office staff when setting out which staff had responsibility for overseeing different aspects of the service, such as management of staff, supervision, audits and how improvements were communicated and responsibilities delegated. Staff responsible for these tasks were unclear about their roles and responsibilities and this had a negative impact in ensuring certain managerial tasks were completed. We asked the provider if the office based staff knew what their roles were. They said they thought they had told them but agreed they needed to be clearer in their expectations of what they wanted each person to be responsible for.

Care workers told us they were unclear who had day to day management of the service although they all knew who managed the staffing rotas. One care worker told us, "Communication in the office is poor. You can talk to them all and they don't know what's going." The provider said the deputy manager was responsible for managing care workers but the deputy manager said they had not been told this. Some care workers told us if they had concerns, they would approach the provider while others approached told us they would approach the deputy manager. The lack of effective management to identify individual roles and responsibilities meant staff were not always given consistent messages and those messages were not always communicated to those responsible.

The lack of clarity in who was responsible, meant some of the regular checks and management of systems and processes were not completed. For example, training records had not been maintained so staff had not always completed their training within the provider's expected timelines. The provider said care plans were being reviewed and we checked examples of care plans which had been recently reviewed. We found care records were not thorough and risk assessments were incomplete or lacked clarity and details. We asked the provider if they felt the reviewed care plans met people's needs and they said, "I hope so." The provider said they wanted each care record to have a 'This is me' that provided information for care workers about each person's life experiences. Three out five care plans we saw did not have them. We told the provider about these concerns and they assured us action would be taken to improve the information so care workers had the knowledge to support people.

Before the inspection visit, the local authority shared some information with us that they had identified following their announced visit in July 2015. An action plan was put in place so the provider could make improvements. We looked at this to see how effective the provider's quality assurance was in making and sustaining improvements through continual monitoring, and meeting deadlines. The action plan required the provider to report back to the local authority any 'missed calls' by 27 August 2015. We found there was no effective system in place. The provider asked us what was meant by, "A missed call." We spoke with the deputy manager, care coordinator and the provider and it was evident they did not know or share the same opinion of when they would record a missed call. We asked for the missed call log and found it had not been completed.

Speaking with people we found occasions when calls were not responded to within a period of time, or missed all together. One person said, "The office – not efficient. Last

Requires improvement

Is the service well-led?

week, no one came. One of them (care worker) had been taken ill. No one called me. Luckily I had a cleaner and she helped me have a bath." This meant the system to monitor and provide important information was not effective because it was not consistently recorded.

Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The provider said they looked at the incidents but did not complete any structured analysis. They said, "We have people prone to falls and we have a system that says how many falls an individual has, but not as a whole." They agreed their analysis did not provide them with a complete picture so it was difficult to establish any trends or patterns so they could take the appropriate action.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. Systems or processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people. Regulation 17(1)(2)(a)(b)(e).