

Hands On Care Wombourne Limited

Hands on Care (Shropshire) LTD

Inspection report

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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: Hands on Care is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were 20 people receiving a personal care service.

People's experience of using this service:

The provider followed safe recruitment processes when employing new staff members. People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs safely.

The provider had submitted notifications as necessary to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People received safe care and support. The staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

Staff members followed infection prevention and control procedures when supporting people in their own homes. Staff members had access to and used appropriate personal protective equipment.

People were supported by kind and caring staff who displayed empathy and compassion. People and their relatives were encouraged to be involved in making decisions about their care.

People received safe support with their medicines by competent staff. The provider had systems in place to respond to any medicine errors should they occur.

The provider arranged training for staff that met the needs of people using the service. They were assessed for their competency which helped to ensure they were safe to work with people.

Care plans were developed for each individual and included people's preferences and wishes.

Audits were in place that effectively checked the quality of the service and action plans were implemented and followed where necessary. There was an open culture in the service and the management team made themselves available.

The service met the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection is "Good". More information is in our full report.

Rating at last inspection: At our last inspection, the service was rated "Requires improvement". Our last report was published on 28 June 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates a per our re-inspection plan.

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

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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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:

Our inspection was completed 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 manager registered with the Care Quality Commission. This means that 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:

Our inspection was announced.

We gave the service 48 hours' notice of the inspection visit because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 14 April 2019 and ended on this date. The expert by experience made telephone calls to people who used the service on 13 April 2019.

What we did:

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law.

We used this information to plan the inspection.

We spoke with the four members of staff including the registered manager.

We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 May 2018. At the last inspection we asked the provider to act to make improvements to recruitment processes for staff. This action has been completed.

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- The provider had improved their recruitment processes to meet the legislation.
- All staff had checks with the Disclosure and Barring service (DBS). A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- There were enough staff employed to meet the needs of people using the service.

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

- People we spoke with did not raise any concerns about their wellbeing.
- Staff we spoke with understood what abuse was, how they would identify signs of potential abuse and what action they would take if they had concerns about people's safety

Assessing risk, safety monitoring and management:

- The provider identified and managed potential risks to people using the service to keep them safe.
- Care records detailed where risks to people had been assessed. These included environmental risk and any risk in relation to personal hygiene, mobility and eating and drinking. One person said, "I am visually impaired but feel very safe with the staff and they always put things back in the same place so I know where they are."

Using medicines safely:

- People were supported to take their medicines in a safe way. Care workers were trained in medicines awareness and were assessed as being competent by the registered manager.

Preventing and controlling infection:

- Care plans included details of infection control practice which care workers were expected to follow. For example, when supporting people with personal care, medicines support or eating and drinking.
- Care workers received regular training in infection prevention and control.

Learning lessons when things go wrong:

- If incidents and accidents occurred, these were documented and action was taken in response to find out why things had gone wrong. Incidents and accidents were used as opportunities for learning to try and prevent similar incidents occurring in future. There had not been any recent incidents.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff induction, training, skills and 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff induction, training, skills and experience:

- A new member of staff stated they had received a good induction into the service. This had helped them to carry out their role effectively.
- Care workers received supervision during which they could discuss their work performance, training needs and any other issues. We saw records confirmed these had taken place regularly.
- Staff received training from the registered manager who was qualified to deliver accredited training. One relative commented, "The carers are very well trained and (person) is very happy with them. They write comprehensive notes and they make a note of any issues and ring me to let me know."

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

- The provider completed an assessment of people's support needs before they started to provide care to people. This enabled people and their relatives to have an input into the care provided.
- People's communication needs were identified during the assessment process and were recorded in people's care plans. People's communication needs were shared appropriately with others involved in their care."
- Staff understood the Accessible Information Standard. This meant staff identified, recorded, shared and met people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively.

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

- People told us that care workers provided them with enough to eat and drink. One person said, "They make my meals and give me choices and provide lots of cups of tea and leave me a drink before they leave." A relative said, "(Person) will go to the kitchen and show the carers what they want to eat and drink, staff always ask them what they would like."
- People's dietary requirements and preferences were included in care plans.

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

- The care manager described how they liaised with community teams, such as the speech and language therapist. This showed the provider was open to working with health and social care professionals.
- Feedback from health professionals about their working relationship with the service was positive.
- Care records included details of people's GPs and other relevant health professionals involved in people's care.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and we found they were.
- Information was provided in formats which suited people's needs. People's family, friends and advocates were involved where appropriate.
- Staff described how they always asked people for consent and gave people choices. One member of staff said, "We always assume that people have capacity to understand so we always ask them first."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- One relative said, "They are very kind and respectful to (person) and they have a strong relationship. They talk to them just like friends would and will put on their favourite music and dance and sing along and (person) really enjoys this. They really meet their needs and I feel that they deal with them holistically and meet their social and cultural needs. They are like friends."
- Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. The service ensured that staff were allocated to them in line with people's preferences around age, gender, ethnicity or faith at the assessment stage.
- There was a strong person-centred and caring culture within the service which empowered people and enabled them to live their lives as they wished.

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

- Care records considered people's views and preferences and those of their relatives where appropriate. This helped to ensure that care was delivered in a way that met the needs of people using the service.
- One person said, "They always listen to me and do things the way I like them."
- People and their families had developed meaningful relationships with staff. This meant people felt comfortable and trusted the care workers who came into their home.
- Caring for people's wellbeing was an important part of the services philosophy. People and their relatives felt respected, valued and listened to.

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

- Staff enabled people to remain independent. People's needs and wishes were at the heart of the service. Staff we spoke with showed they understood the values of the provider and those in relation to respecting privacy and dignity and treating people as individuals. One relative said, "They always maintain my privacy as best they can. I am very happy with them."

Is the service responsive?

Our findings

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

Good: 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:

- People had individual care records in place which reflected their current needs. These included risk assessments and care plans.
- Care plans included areas that people needed support with and the action that care workers needed to take to support people well. One relative said, "I am very involved with the care planning and the care (person) receives meets their needs. They interact well with (person). As (person) has an appliance they are very responsive to keeping good standards of hygiene."
- People's social interests, activities they enjoyed doing both at home and in the community, were documented. People told us that care workers encouraged them to take part in these activities.

Improving care quality in response to complaints or concerns:

- There had been no complaints received from people or relatives since our last inspection.
- Relatives told us they knew who to speak with if they were unhappy with the service.
- People were given information on how to raise concerns or complaints when they started to receive care.

End of life care and support:

- The service was not currently supporting people who were receiving end of life care.
 - Staff received training for each individual situation when people wished to spend their last days at home.
 - Staff worked with professionals such as the district nurses should they need to provide individual support.
- The management team were developing a pictorial end of life record for people to complete when at this stage of their life.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 May 2018. At the last inspection we asked the provider to act to ensure notifications were sent to the commission as required. This action has been completed.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People told us that the service was well-led and that 'the office' communicated with them well. They said staff supported the wellbeing of both them and their families.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider had a strong vision for the service. The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. We saw that action taken to address any issues was recorded.

Engaging and involving people using the service, the public and staff:

- Staff discussions were held regularly and staff told us that the registered manager was supportive.
- People's involvement in their local community was actively encouraged, along with their access to preferred leisure activities.

Continuous learning and improving care:

- Surveys showed that management sought people's views about the service.
- The registered manager assured us that if incidents happened they would be reviewed and discussed in detail with staff.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the speech and language team, GP's and community nurses.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.

