Safe Hands Home Care Limited

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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

This inspection took place on 6 and 8 June 2018 and was announced. This service is a domiciliary care agency based in North Tyneside. It provides personal care to people living in their own homes throughout North Tyneside and Northumberland. Services were provided to adults with a wide range of health and social care needs. At the time of our inspection there were 19 people receiving a service.

Not everyone using Safe Hands receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post. The registered manager had been in post since the service first registered in 2010. A registered manager is a person who has registered with the CQC 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.

At the last inspection in April 2017, we asked the provider to take immediate action to make improvements to the governance of the service. We found these actions had been completed.

People told us they felt safe and were comfortable with the staff who supported them on a regular basis. Policies and procedures were in place to help staff safeguard people from harm and staff we spoke with understood their responsibilities in relation to protecting people. Incidents of a safeguarding nature had been appropriately recorded, investigated, reported and monitored. The local authorities told us that they had no current concerns about the service.

Staff supported people to maintain their health, safety and welfare within their own home. The registered manager had completed risk assessments where individual risks had been identified. We saw these were now regularly reviewed and updated to reflect the changes in people's needs. Staff followed best practice in relation to the prevention and control of infection.

Staff felt there were enough of them employed to meet people's needs and look after people safely. Care workers said they did not feel rushed with their duties. People and relatives told us that overall, they had regular care workers who arrived when expected.

Staff recruitment continued to be safe and robust. New staff had received a company induction but a comprehensive induction to meet national minimum standards had not been fully adopted. Staff training was up to date. Records showed and staff confirmed that they received regular supervision sessions, an annual appraisal and staff meetings took place to discuss any issues. Staff told us they felt valued by the office team and there was an open culture, which gave them the confidence to discuss anything with the registered manager and know it would be acted upon.

People and relatives told us medicines were received safely and when they expected it. Medicine administration records were accurate and up to date. Competency checks on care workers were now in place to ensure staff remained competent at administering medicines. Regular unannounced spot checks were also conducted to ensure high standards of care were delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us that staff encouraged a healthy and balanced diet. They told us care workers made meals they had chosen. External healthcare professionals were involved with people's care to ensure their ongoing well-being.

People and relatives told us care workers were friendly and that they respected their home, their visitors and their belongings. People said care workers upheld their dignity and privacy. All staff we spoke with displayed kind and caring attitudes.

There was a complaints policy in place; this has been reviewed and a new process was in place to record all complaints and to ensure matters were escalated to the registered manager as necessary. We saw all complaints and minor issues had been logged, investigated and resolved in a timely manner. Everyone we spoke with had no complaints about the service.

Monitoring of the service was now thorough and robust. Record keeping had improved. We saw audits tools had been reviewed; existing audits had been improved and new audits had been implemented. This demonstrated that checks on service delivery were now routinely undertaken and where issues were identified, the registered manager took action.

A quality check analysis carried out by the registered manager showed that 100% of people were satisfied with the service they received. Our pre-inspection questionnaire responses corroborated this.

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.

Safeguarding matters, incidents and accidents were investigated and reported to the relevant agencies.

People told us they felt safe living at home with support from their care workers and they received their medicines in a safe and timely manner.

People's care needs had been assessed and risk reduction methods were in place. Actions for staff to follow were recorded.

The recruitment process was robust and staffing levels were appropriate.

Is the service effective?

Good

The service was effective.

Training was provided to staff in a range of topics to meet people's needs. Care workers were supported through supervision, appraisal and team meetings. Competency checks were carried out.

Consent to care and treatment was sought in relation to people's care and treatment.

Staff supported people to eat and drink well to ensure their well-being.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were nice, caring and friendly. Staff understood people's needs and responded well to these.

People told us they were treated with dignity and respect.

People were involved in decisions about their care and were offered choices and given control over their own lives.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and people's needs were routinely assessed and regularly reviewed.

The service was flexible and people could cancel calls or change their service if they had an appointment.

People told us they had regular care workers who were punctual.

People told us they felt comfortable raising any issues with the staff. A complaints policy was in place and people were aware of how to complain.

Is the service well-led?

Good

The service was well-led.

There was an established registered manager in post.

Staff told us they felt supported and valued in their role and morale was good.

Audits and checks of the service were analysed and acted upon.

Comprehensive and accurate records were maintained to monitor the quality and safety of the service.

Safe Hands Home Care Limited

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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions, safe, effective, responsive and well-led to at least good. At this inspection we found that significant improvements had been made in all of these areas.

The inspection site visit took place on 6 June 2018. The inspection was announced. We gave the provider short notice of the inspection because we needed to be sure the office would be open to access records. One inspector visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. The inspector conducted telephone interviews with people who were receiving care in their own homes, relatives and with care workers on 8 June 2018.

We spoke with two people and two relatives to gather their views about the service, two care workers, one team leader, two administrators and the registered manager. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at three people's care records, three staff files, the rota system and records related to the quality monitoring of the service.

Prior to the inspection we reviewed all the information we held about Safe Hands, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted Northumberland and North Tyneside local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service. All of this information helped to inform our planning of the inspection.

The inspection was partly informed by feedback from questionnaires completed by four people using the service. The responses indicated that overall people were satisfied with the service they received.

Good

Is the service safe?

Our findings

At our last inspection in April 2017 we identified the service was not entirely safe. This was because incidents of a safeguarding nature had not always been properly managed. Medicines were not always safely managed and risk assessments were not thorough and robust. Following that inspection, the provider sent us an action plan which described how they planned to address this and by when. At this inspection we found the provider and registered manager had implemented the necessary changes in a timely manner which had led to an improvement in the safety of the service.

People told us they felt safe. A relative said, "I can leave him with them, it's really great." Our pre-inspection questionnaire also indicated people felt safe.

We discussed the safeguarding policy and associated internal and external procedures with the registered manager. They demonstrated a sound knowledge of what was expected of them. We reviewed the 'safeguarding' file and saw it contained the provider's safeguarding policy and the local authority's threshold tool for guidance. A safeguarding register had been implemented for each person who used the service which helped the registered manager to track any trends which may form. There had been no incidents since our last inspection. The local authority safeguarding teams also told us they had no reported issues on their systems.

All staff had received safeguarding adults awareness training. Through discussion with us, staff demonstrated an understanding of their role in protecting people from harm or improper treatment. They were aware of the provider's safeguarding and whistle blowing policies and assured us they would have no hesitation to report any issues to the registered manager.

The registered manager assessed the individual risks people faced in their everyday lives, such as with their physical and mental health as well as general risks related to the environment for example. Risk assessments were comprehensive and described what action care workers should take to reduce the risks and who they should report their concerns to. Daily notes made by care workers showed they recognised risks and reported it to the office staff. The registered manager conducted reviews, updated paperwork and cascaded new information to care workers. This meant care workers could provide safe care which met people's current needs.

Accidents, near misses and other incidents were recorded and monitored. Where necessary actions had been taken or recommendations had been made to prevent further accidents occurring. Where necessary people's individual risk assessments and care plans were updated following accidents or incidents.

Medicines were managed safely. A policy was in place and staff received suitable training. Staff competency checks had been carried out and the registered manager told us this would be repeated annually. We reviewed medicine administration records and found them to be accurate and up to date. New paperwork had been implemented which now indicated the shape and colour of the medicines to avoid any errors. People told us they got the right medicines at the right time. One person said, "The main reason I have help

is for my medicines and everything is OK."

The provider had a policy in place to protect people from the risks of infection and poor cleanliness. Care workers used personal protective equipment such as disposable gloves, aprons and hand sanitising gel to reduce the possibility of cross contamination. People we spoke with confirmed this.

The registered manager continued to ensure that a robust recruitment process was in place. Staff files showed that new employees had been through careful checks before commencing employment. Application forms were completed, interviews were recorded, two references had been obtained and an enhanced check with the Disclosure and Barring Service (DBS) had been undertaken. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Staff confirmed that the appropriate checks had been carried out prior to them beginning work.

The provider had a disciplinary policy and procedures in place if misconduct or unsafe practice had occurred. The registered manager told us there has been no issues.

We reviewed three care workers' rotas for the previous four weeks and saw they had appropriate hours and suitable breaks. There were no calls overlapping which meant travelling time had been planned properly to enable care workers to get from one person's home to the next. Care workers told us they didn't feel rushed and people said there was enough time for the tasks they required assistance with. We considered the service had enough staff to operate safely and efficiently.

The office staff managed an 'on-call' service which operated outside of normal business opening hours. They were available to support staff and people in an emergency. Written logs were kept of incoming and outgoing calls during this time to ensure that issues and concerns were reported to relevant staff or external agencies as necessary.

Good

Is the service effective?

Our findings

People told us the support they received effectively met their needs. One person said, "There are no issues with the care I receive." A relative told us, "They are good at what they do."

People experienced positive outcomes. Everyone we spoke with told us they got the help they needed from the service. The registered manager shared a positive example with us of where support from all staff had really benefitted one person and increased their quality of life. They told us, "(Person) is more confident now and has a more acute sense of humour. They are more outgoing and willing to socialise more by going to arts and craft classes, going for meals or for coffee at restaurants and outings in general. They meet every month with family members at the Metro Centre. (Person) has lost weight and is taking more of an interest in clothes and fashion." The registered manager also told us that the person had a good relationship with office staff as well as care staff, and that they often popped into the office for a chat and telephoned the office staff most days. We also heard that the person had engaged in solving the puzzles in the Safe Hands newsletter and had started to buy their own puzzle books.

We spoke to this person on the telephone. They spoke positively about the staff and told us, "I think of them (staff) as friends."

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. We observed that the registered manager had considered people's capacity upon initial referral and used the local authority capacity assessments to inform their care planning.

The registered manager told us there was one person who used the service who were subject to restrictions under the Court of Protection, in line with the MCA legislation. The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes important decisions on their behalf. For example, it had been decided that it was in this person's best interests to have their finances managed by the local authority. In this instance, the person and their main family carer had been involved in the decision. Care workers supported the person to access their own bank account which was topped up on a weekly basis with a set amount of money. Staff then assisted the person to pay their bills and to purchase clothing and food.

The registered manager and office staff told us that should they have any concerns regarding a person's capacity level, they would liaise with family, the GP, and social workers at the local authority to ensure that a capacity assessment was undertaken and the best interests' decision-making process was followed. Staff had not been involved in any best interests' decision-making meetings with the people they supported but the registered manager told us they were aware of the principals of the MCA and demonstrated an awareness of what best interests' decision making involved.

People told us that their care workers always knocked on their door before entering their home and always asked for verbal consent before carrying out any tasks. Care plans showed that people had been involved in their assessments and had consented to their care and treatment.

People and relatives told us there were no problems with communication. Staff said that communication was good between the office staff and the care workers. One care worker said, "There are no problems whatsoever."

People told us they were supported to get enough to eat and drink. One person said, "They help me make good food that I like." They told us their care workers asked them what they would like to eat, and helped them to make a meal of their choice. Entries made in the daily notes indicated care workers monitored nutrition and hydration needs and encouraged people to manage a balanced diet. If required, care workers would complete food and fluid intake charts to assist families and external health care professionals monitor a person's nutritional and fluid intake to ensure their health and well-being.

Staff supported people to maintain their overall health and wellbeing and ensure their needs were met. Care records showed that staff were involving and referring people to other external professionals; such as a GP, nurse, social worker and an occupational therapist. Daily notes showed care workers had reported issues and concerns to the registered manager regarding people's needs. One care worker told us, "We support people to go to appointments."

At our last inspection in April 2017, we found the service was not always effective, due to gaps in staff training and a lack of checking staff competencies. At this inspection, we found improvements had been made.

Staff completed a company induction and training in key topics such as health and safety, safeguarding, moving and handling, food hygiene, infection control and safe medicine administration were provided as standard. The registered manager used an external distance learning training provider to supplement the additional in-house training given by a representative of the provider organisation.

The registered manager told us staff were working towards the Care Certificate and that some staff had completed it. However when we reviewed the information further we found that the external training provider had not delivered the Care Certificate but had supplied stand-alone courses which met with a standard of the Care Certificate for example, communication, equality and diversity and person-centred care. From the training matrix, we saw that only a small amount of staff had completed these courses. None of the staff had completed courses which would cover all 15 standards of the Care Certificate. However, due to previous experience and qualifications in Health and Social Care which some staff held, there was only a small minority of care staff who would be required to complete this type of robust induction. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

The registered manager told us they would contact a training provider to deliver the full Care Certificate to the relevant care staff. We saw this has been actioned by the end of the day.

New care staff had a probationary period in which they shadowed experienced care workers and had their competencies assessed through planned and unplanned checks of their work. They also attended one to one supervision sessions with the registered manager. Existing staff had their skills and knowledge regularly refreshed with training updates. This demonstrated that people received effective care from staff who had the skills and knowledge to suitably perform their role.

Formal one to one supervision meetings and annual appraisals regularly took place and spot checks of service delivery were routinely carried out with all staff. The staff we spoke with confirmed they had received supervision and appraisal, and that spot checks took place.

Good

Is the service caring?

Our findings

People and the relatives we spoke with, spoke positively about the staff. One person said, "They are friendly." Another person told us the staff were like their friends. A relative told us, "There is not one of them I could say anything bad about."

We were shown multiple compliments which the service had received which reflected the appreciation of a good service received by people. Our pre-inspection questionnaire indicated that people thought the service was caring.

People and relatives said care workers spoke to them with respect. They told us that staff respected their property, their belongings and their visitors. Staff demonstrated through conversation with us, how they maintained people's dignity and respected their privacy during intimate personal care and support. For example, using the bathroom in private, closing doors and blinds.

We asked staff about the needs of the people they supported. They demonstrated a good knowledge of people's likes, dislikes, preferences and routines. They clearly knew people very well. Staff believed people were safe and happy with the service overall. They told us they had no worries about people's safety and they felt they had a good team of care workers who provided a good service to people. This showed that staff had developed positive, caring relationships with the people who used the service and their relatives.

Care plans were developed in a way which reflected people's individuality and identity. 50% of staff had completed equality and diversity training which encouraged them to promote individuality and ensure people's personal preferences, wishes and choices were respected. There were plans in place for the other 50% of staff to complete this training.

People told us their independence was promoted by the staff who supported them. One person said, "They help me make good food."

Care records showed people had been involved with the planning of their care. One person told us, "Someone from the office came out and saw me and my daughter when it all got set up." The registered manager told us they visited people at home to carry out an assessment of their needs and they gathered the information needed to allow care workers to get to know how people preferred their care to be delivered. Where ability allowed, people had signed their care records themselves or an appropriate person had signed it on their behalf with their consent.

There was no-one currently supported by an independent advocate. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights and to ensure that their rights are upheld. The registered manager was aware of how to refer a person to an advocate from the local authority if people needed that level of support. Some people had family who acted informally on their behalf but there was no-one with legal arrangements' in place such as relatives acting as a lasting power of attorney for finances and health matters. The registered manager told us they would

always ask for proof of this arrangement if necessary.

People had been given a 'service users guide' which contained information about the provider; what to expect from the service, what assistance could be offered, basic policies and procedures and contact details. Other information which would benefit people, such as the local safeguarding details and the Care Quality Commission (CQC) contact details were also made available.

People's personal information was stored securely to maintain confidentiality. Staff told us they were aware of the legal requirement to keep information about people safe and secure under data protection laws.

Good

Is the service responsive?

Our findings

At our last inspection of the service in April 2017, we found that records related to care planning did not always reflect people's current needs. At this inspection we found improvements had been made.

The registered manager completed care needs assessments and undertook regular reviews of the care people received to ensure that when their needs changed, their care plans were changed to reflect their current requirements.

Assessments and care plans were very person-centred and included information about people's lifestyle, preferences, routines, hobbies and interests. This enabled the registered manager to match people with a suitable care worker, for example a male or female care worker or staff with similar interests. Therefore, allowing staff to deliver a personalised service.

Care plans described people's individual needs and included information about what action should be taken by care staff to meet those needs. The records demonstrated that the service took a rounded approach to people's preferences as they had looked at all aspects such as health, personal care, emotional, social, cultural and religious needs. One person's record said, "(Person's) choice of outings includes, Manor Walks, Matalan, Metrocentre, Silverlink, Blyth sea front for fish and chips, Killingworth shops, Whitley bay, Boundary Mill, Royal Quays, B&M's and Art Class. Eating places preferred are Sambucas at Forest Hall, Stonebrook, Morrisons, Toby Carvery and Pavilion." The daily notes and care records showed that the person visited these places often with support from staff. This demonstrated that the staff were responsive to the wishes of the person.

People and relatives told us that the service was flexible and they had been able to re-arrange their visits at short notice to accommodate appointments and social outings. Care workers told us that when people's needs had changed, the service had been able to respond immediately with additional support. Additionally, some services had been decreased for people who had regained some or all of their independence.

There was currently no-one using the service who required end of life care. In the past, the service had supported a small amount of people at the end of their life and they had provided palliative care to people in their own homes with the support of GP's, district nurses and families. The registered manager told us that staff were encouraged to complete training in this area to improve their skills and knowledge. We noted that where appropriate, people's care plans contained information about advanced decisions and preferences around emergency treatment and resuscitation. In other care plans we saw people had declined to share their preferences but the registered manager told us this would be revisited at each review.

At our last inspection we found that information around complaints and concerns was not always recorded properly. At this inspection we found improvements had been made.

The registered manager maintained a complaint register to track complaints and monitor trends. The register was up to date and included a brief description, an outcome and any follow up action. There had been three complaints made since our last inspection. We saw all complaints were logged and had been investigated and resolved promptly. This demonstrated the registered manager operated an effective complaints system and had acted on feedback from people and relatives about the quality of service.

Everyone we spoke with said they knew how to complain and would feel comfortable to do so if they needed to. One person said, "There are no issues, I'd soon let them know if there was anything."

Good

Is the service well-led?

Our findings

At our last inspection we identified a breach of Regulation 17 due to the governance of the service. Although some audits and checks were in place, these were not robust and had not identified the issues we raised. Following the inspection, the provider sent us an action plan which described how they planned to address this and by when. At this inspection we found improvements had been made.

At this inspection, the long-established manager continued in post and they had been registered with the CQC to manage the carrying on of the regulated activities at this service since the service was first registered in 2010. The company had been operational for almost 20 years with the same management team.

The registered manager was aware of their responsibilities and had submitted notifications as and when required. The registered manager was present during the inspection and assisted us by liaising with people who used the service and staff on our behalf. They were very knowledgeable about the people who used the service and could tell us about specific people's needs. Everyone we spoke with knew who the registered manager was. One care worker said, "They will do anything to help you. I'm confident they would deal with anything properly."

The registered manager had completed all of the eight actions identified on their action plan following our last inspection. The staff we spoke with told us about improvements within the service. Comments included, "(Registered manager) comes out to check us now" and, "We get regular reviews (staff supervisions) and there is plenty of training."

We saw the registered manager now used a range of quality monitoring tools such as spot checks, staff shadowing, staff supervision, telephone calls, customer feedback and care service reviews to monitor the quality of the service. Audits were now in place to check people's care files, staff files, Medicine Administration Records (MARs) and daily notes. The audits identified issues and actions were documented by office staff before being passed to the registered manager for oversight or to take the necessary action.

The registered manager monitored and analysed information regarding safeguarding issues, accidents, incidents, complaints and quality assurance and this was included in the management team meetings with the provider representatives. We saw this information was routinely included in the meeting minutes and the information was up to date. This showed the provider had a thorough oversight of the service.

A six-monthly quality analysis had been conducted from July 2017 to January 2018; the registered manager had reviewed audits and checks on the service and commented that "everything is working well." They had noted that 100% of the customers liaised with were satisfied with support received.

An analysis of quality spot checks on staff conducted in May 2018 showed that each one had a positive outcome. An analysis of paperwork such as daily notes, menu sheets and MARs completed since our last inspection showed improvements had been made through each quarter of the year. However, the registered manager had noted overall, "Although still room for improvement in all areas, report writing is the main

concern. Regular training and reviews of report writing will be carried out. All staff will be given support." We saw this had been cascaded to staff during supervision meetings.

Office team meetings happened bi-monthly and we reviewed the minutes. We saw the registered manager gave staff reminders about using telephone books to log all calls to ensure people were called back. A plan was formulated to update the office files and conduct audits of customer and staff files. Other discussions held were about recruitment, new General Data Protection Rules (GDPR), staff development, reports and analysis of quality checks. This demonstrated that staff were involved in the running of the service.

We reviewed a sample of care records, staff records and records related to the management of the service. We found records were stored securely and in line with data protection legislation; they were only accessible to authorised staff and professionals to protect the confidentiality of people who used the service and staff. Computers were password protected. Record keeping at the service had improved. All of the records we examined were complete, legible, accurate and up to date. All of the records we asked for were made available to us in an organised and prompt manner.

The registered manager asked us to look at some paperwork which they were in the process of trialling. This was a new template for recording risk assessments. The two we looked at were specific to moving and handling and bed rails and provided more opportunity to present in depth details to better inform care staff. They appeared to be a good improvement and were an example of best practice. The registered manager told us he would begin to implement these into people's care records.

All staff we spoke with, without exception spoke favourably of the registered manager and the office team. They all told us they felt supported and morale was good. One care worker said, "I like working for Safe Hands." Another said, "You are not left out, they will do anything to help you." A third care worker said, "It's a good company to work for, they are always there for you."

The registered manager produced a staff newsletter which we saw gave advice about looking after themselves as well as information and reminders about operational issues. The registered manager also sent care workers memos periodically. The latest memo reminded staff of the company dress code.

A formal staff reward scheme wasn't in place but the registered manager told us that sometimes staff were given tokens of appreciation such as gift vouchers. A member of staff confirmed this had happened. A refer a friend scheme with a £50 bonus was in place to incentivise recruitment.